TO HOSPITA

VR A15 (4) 1SM 9/59

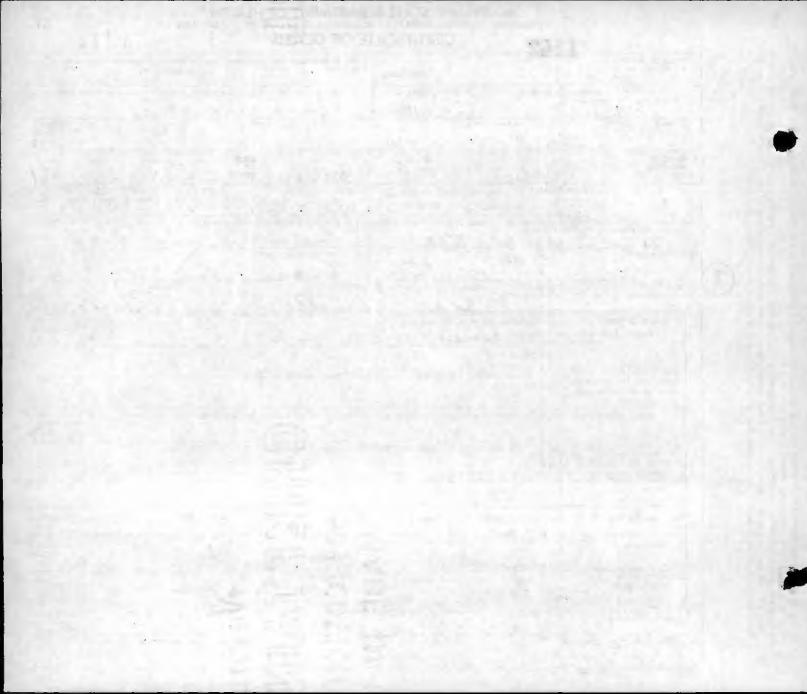
MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVISION OF

STATISTICAL	RESEARCH	AND	RECORDS -	- BALTIMORE
CEL	PTIFIC	ATE	OF DE	ATH

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	1149	CERTIFICA	TE OF DEATH		(116)
	PLACE OF DEATH O. COUNTY TALBOT	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	22 has 40 pm	c. CITY OR TOWN (IF OU	diside composed limits, write RURA	yand give nearest town)
	d. NAME OF HOSPITAL (IF not in hospital, give stree OR INSTITUTION FASTON Med	norial Hosp	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	S, W.	Anthony	4. DATE Shorth OF DEATH Jan.	29 196/
5. 5	The widow	VED DIVORCED	8. DANE OF BIRTH 180	lost birthdoy) Me	UNDER 1 YEAR 3F UNDER 24 HRS. Philis Dops Hours Min.
	USUAL OCCUPATION (Give kind of work done 10b during mist of working life even if retired)	KIND OF BUSINESS OR INDU	y Halfy	(Maryland	12. CITZIIN OF WHAT COUNTRY?
	FATHER'S NAME	Maghton	14. MOTHER'S MAIDEN NO	c.P. Waro	401
1S.	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give your dates of service)	SOCIAL OCCURITY NO. 17. II	The fley	Henry J. C	Enstin My
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	Endad Diett wil	action acute	1//	INTERVAL BETWEEN ONSET AND DEATH 48 KL.
	Conditions, if any, which gove rise to immediate (b)	allewelentic a	servery There to	rei .	
7	couse (a), stoting the under- lying cause lost. DUE TO				
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS				PERFORMED?
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MEDICAL	Hour a.m. While	6-	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this hospital) after saw the deceased alive an 29 min	20/21 /	1 :100	M, fram the causes and a	1961, that (1) (we) last
	220. SIGNAPORE Have Have an	7	ATTENDING MEI		29 Me 61 SIGNED
	22c. PHYSICIAN'S NAME (Type) HORSTON HAR	RISON	22d. ADDRESS	lay land	"//
23€	BURIAL EREMATION, 234 BATE THEREOF REMOVAL (Specify) Jan 31/1961	23c, NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, tylen, or co	ounty) (State)
24.	POR REAL DIRECTOR'S SIGNATURE	La South	250. REC'D		AR'S SIGNATURE



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CEPTIFICATE OF DEATH

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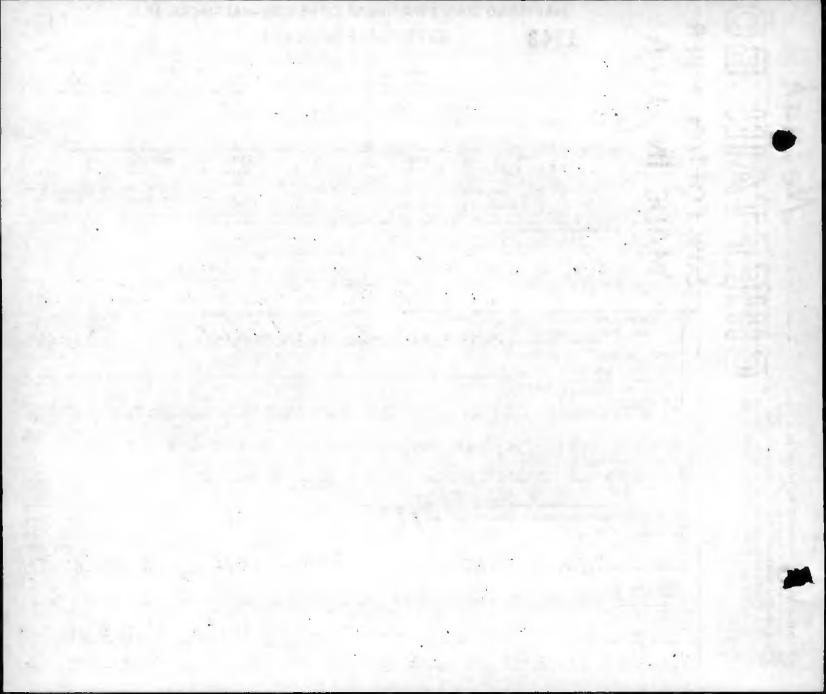
7779	CERTIFICATE OF DEAT	Reg. Dist. No.
o. COUNTY Jalbah		Where deceased lived. If institution: Residence before admission) Ward b. COUNTY Laboration
b. CITY ON TOWN (If outside corporate limits, write RURAL and give heavest town)	LENGTH OF STAXING IS C. ETTY OR TOWN IN	outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	d. STREET ADDRESS	e, is residence on a farm? yes no
NAME OF DECEASED (Type or print)	S. Baker	4. DATE OF DOY Year 3/ 196/
1. SEY/ALL 6. COLORIDE RACE 7. MARRIED WIDOWED!	NEVER MARRIED 8. DATE OF BIRTH	79. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min.
0a. USTIAL OCCUPATION Give kind of work done 10b. KIN suring most of working the even if retired)	1 //acy	Will V. A.
3. FATHERS NAME LIN a. Bak	200 MOTHER'S MANDEN	NAME RUST
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO(Yes, no, or unknown) (If yes, give were dates of service) 2/3	CIAL SECURITY NO. INFORMANT HOL	man Baker Trappe Md.
Conditions, if ony, which gove rise to immediate couse (a), stoling the under-lying couse lost.	mense me present	Statel Stylles
PART II. OTHER SIGNIFICANT CONDITIONS CON PART III. OTHER SIGNIFICANT CONDITIONS CON PART III. OTHER SIGNIFICANT CONDITIONS CON ON CONTRIBUTING OR CONT	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRED. (Enter noture of injury in	n Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJU Hour o. m. 'While of work	Not while of work and work and work and while of work and	
21. I certify that I attended the deceased alive an 1-3/ 1960/	100	TM, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNET HE STOWN HE 243
PHYSICIAN'S WILLIAM L. N	LINTERS	/ /
BAREMOVAL (Specify) Feb 3, 1961	Some of cemetery or crematory Some of Cemetery or Crematory	Eastow, Mary and
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / 240 /PEC	

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours offer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay TO HOSPITA

efter death. Page 4

VS A15 (4) 15M 9/S8



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) director, Page or your files. e. COUNTY Health, a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) O P d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 0 Boar d. STREET ADD e. IS RESIDENCE ON A FARM? State YES NO NO may be retained ould be executed within 24 hours after death. If any "in pencil in liem 18, Give Pages 1, 2, and 3 to the fun. Office along with form PM3. Page 5 may be retaine buriel-transit permit. File pages 1 and 2 with the State movel, and in any eyent within 72 hours after death. 3. NAME OF Middle DATE Month Das DECEASED OF (Type or print) DEATH 196.1 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birth lay) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even If retired) 16 Dover 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unknown) | (If yes give werer deter of service) This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause Per line for (e), (b) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN DUETO removal, Examiner's of used as a geve rise to immediate causa "pending" DUE TO (e), steting the underlying 5 cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIOL 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be NO 3 should 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. age 3 sho MEDICAL EXAMINER: MEDICAL 20e, PLACE OF INJURY [Home, ferm, ' 20c. TIME OF MELLIAN 20d. INJURY OCCURRED 20f. (City or town) Month, Dev. Year (County) (State) fectory, street, office bldg., etc.) Not While While et work et work prior 21. I tertify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion agent, death resulted from: Accident Undetermined manner 7 Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU NAME (Type) Address (Street, city, town, or county) ease ! 22a, BURIAL, CREMATION. 22b, DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) ,E State REMOVAL (Specify) 0 240 Unce 24e. REC'D BY REGISTRANT 24b. REGISTRAR'S SIGNATURE UNERAL DIRECTOR VS. A15ME DATE JAN 25 '61 Cirilian S. France 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

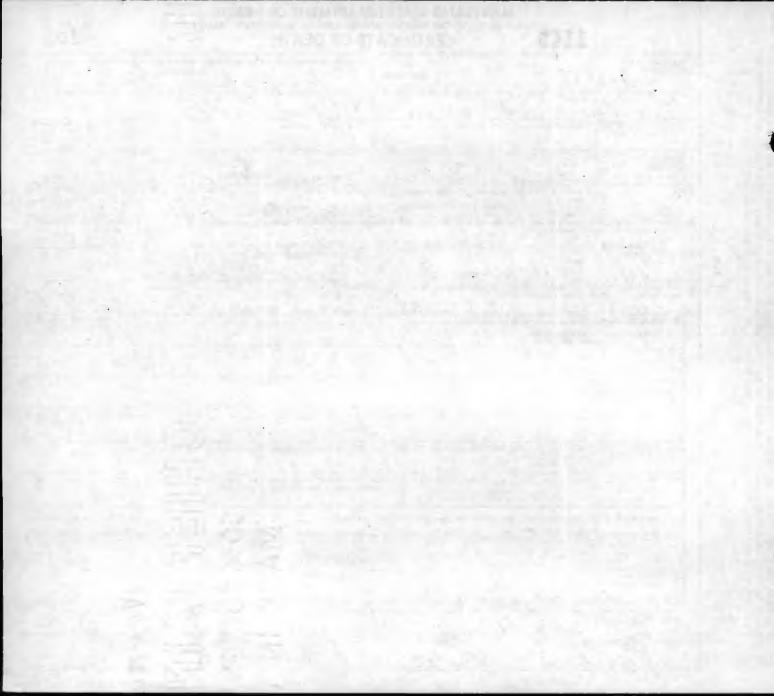
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TO HOSPITA R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havra-filer death. Page 4	irol di	Se page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld-be-filled with	D	V
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24 h	eq	5 1 0	ĥ.	1
rithin	ely fil	Page	the State Board of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.	
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10	TO FUNERAL DIRECTOR: After this certificate has been significant.	Q.	T	
VR 15	A15 M 9/	(4) 59		

TO HOSPITA

1142	CERTIFICA	ATE OF DEATH		PATOR
1. PLACE OF DEATH a. COUNTY Jackat	MARYLAND	2. USUAL RESIDENCE (When a. STATE THATIGH	b. COUNTY	sidence before admission)
b. CDY OR TOWN (Kinds de sorporata finaits, we RURAL and give Colest forth) NUCLE (DUILLEN)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN IN OUR	side emporate limits, write RURAL	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	reet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Charles	William	Bowmsu	4. DATE Month OF DEATH	Day Year 1961
m -7,1	MARRIED NEVER MARRIED DOWED DIVORCED	8. PATE OF BIRTH	AGE (In years IF UN Jost birthdoy) Man	DER 1 YEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during mas) of working life, even if retired)	Parming	USTRY 11. BUTHPLACE (SHIP OF	foreign country) 12	CITIZEN OF WHAT COUNTRY
Rayles To Bres	men de	14. MOTHER'S MAINEN NA	Deals	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, non-or unit fown) [If yes, give war or dates of service]	215-38-0964 /	Mrs C. R. Bran	man Castro	mes PD
18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY:	16.1.	1.0.		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) DUE TO	Conjunes y	u cura		15 Grs.
Conditions, if any, which) (b)	-			
gave rise to immediate DUE TO				
lying couse lost.) (c) Part II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH 8U	IT NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Po	rt I ar Part II of item 18.}	
Haur a.m.		PLACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State
21. I certify that (I) (this haspital) at saw the deceased alive an 1912	11.1	/ D	M, fram the causes and an	1961, that (I) (we) last the date stated above
1220. SIGNATURE		M.D. PHYS. MED	STAFF	2 3/ Jan El
22c. PHYSICIAN'S NAME (Type) HURSTON	TARRISON	22d. ADDRESS Roku	, day land	
23g. BURIAL CREMATION 231 DATE THEREOF REMOVAL Specify	1 Cele Heef	Crematory 2	Bd. LOCATION (City, town, or cou	D. C
24. FUNERAL DIRECTOR'S SIGNATURE	Ballon	Mi U I	BY REGISTRAR 256 REGISTRAR	SIGNATURE



iter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1	o. COUNTY Jalhat	MARYLAND 2.	o. STATE	b. COUNT		de odmistion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	1	C. CIPPOR TOWN AF OUT	side corporate limits, write	RURAL and give ned	rest fown)
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CONTROL HOSPITAL (If not in hospital, give street address)	1.	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO W
	(Type or print) 15. Kisth evin	e Buc	hanan	DEATH ANG	Ary 1	1961
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER A WIDOWED DIV	ORCED 8. C	AV. 28,18	959 AGE (In year lost birthdoy)	9 1110111111111111111111111111111111111	Hours Min.
	100. USUAL OCCUPATION (Give kind/of work done 10b. KIND OF BUSIN during most of working life, even if retired)	ESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF	WHAT COUNTRY?
	13. FATHER'S NAME Bactyer	1	4. MOTHER SMAIRIN NA	Ma Bus	ker	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI (You you, or unknown) (If yes, give wor or doles of service) 220 -3 4 - 3	1	Daniel B	NOMONON	Kaston	md-
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), or part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-	d (c).]	northag	2)		ERVAL BETWEEN SET AND DEATH
	Iying cause last. (c)	TO DEATH BUT NO	T RELATED TO THE TERMINA	al disease condition g	GIVEN IN PART 1(0)	9. WAS AUTOPSY PERFORMED? YES NO
		URY OCCURRED. (Enter noture of injury in Po	rt I or Port II of item 18.)		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRING Hour a.m. P. m. 19 While of work of work	D 20s. PLACE foctory	OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City ar town)	(County)	(State)
,	21. I certify that (I) (this haspital) attended the decessor the deceased alive an 19		ATTENDING MED	A, from the couses o		
	Boria (Specify) DAN. 9, 1961 Wood	CEMETERY OR C	Pemara/ Bet	Sd. LOCATION (City, town	on, Mac	(Stote)
	Maurice E. Neuman SIN La	oton, Mr.	DATE JAN		GISTRAK'S SIGNATU	1

TO HOSPITAL VR A1B (4) 1SM 9/59 MINERAL TO LANGE MINER TO THE PARTY OF THE P

CEPTIFICATE OF DEATH

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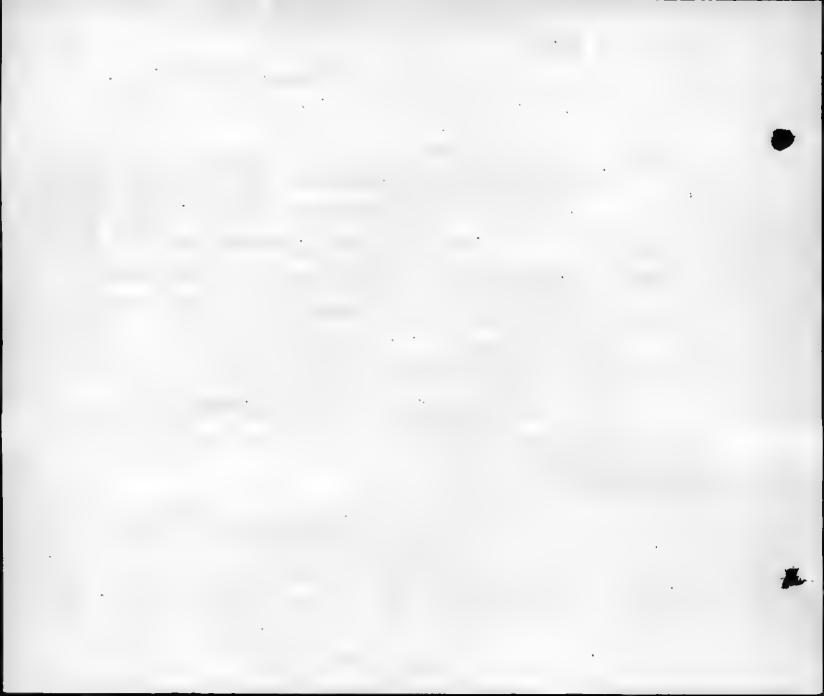
	TTA! CEKILION	TIE OI DEATH	X
1.	PLACE OF DEATH COUNTY AND MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Res dence	e before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First Middle DECEASED (Type or print) Walles	Burna 4. DATE Month OF DEATH	30 - 1961
L	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	menical C. 1883 lost birthay! Months I	YEAR IF UNDER 24 HR Days Hours Min.
	. USUAL OCCUPATION (Give kind of work done of the kind of Business OR IND) during most of working life, wen if retired)	DX-Michaels Ma. U	EN OF WHAT COUNTRY
	John H. Burns.	Janise Eckhard	<u>_</u> .
15:	The or with nown of the property of the social security NO 17 (20 - 12 - 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Ida Burns St. Mac	challe h
	18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	infficieties o	INTERVAL BETWEEN ONSET AND DEATH
	Conditions if ony, which) walkefree	reerest reare at	6 horeky
.,	gove rise to immediate couse (a), stating the under lying cause lost. DUE TO (c)	22 cd Tuberculitus,	
ICATION	PAM IF. OTHER SIGNIFICANT CONDITIONS CONTRIBUT NO TO DEATH BL		1(o) 19 WAS AUTOPS' PERFORMED? YES NO
L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port 1 or Port 11 of item 18.)	
MEDICAL		PLACE OF INJURY (Mome, form, 1 20f (City or town) (Citory, street, office bldg., etc.)	ounty) (State
	21 I certify that (I) (this hospital) attended the deceased fram sow the deceased alive on 20 196 and that	death accurred of JAM, from the couses and on the	Lithot (I) (we) las
	220 SIGNATURE	M.D. PHYS DE DIRECTOR PHYS	31 - SIGNE
	20c Physician's 2 Marie (Type) 127 Pick 202 Apr 127	D 22d. ADDRESS ATTICE FIXE	(12: d
230	BURIAL CREMATION, 235 DATE THEREOF 230 NAME OF CEMETERY 3-61 Clin-F	OR CREMATORY 23d LOCATION (City, town, or county)	(Stote) Mad
24.	FUNERAL DIRECTOR'S SIGNATURE SINGLE METTRES LE TRESTERNEM	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIG Park Date 2 '61 Outlan 2. 4	

may be rekened by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Synae funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or remaval, and in ony event, within 72 hours after death. TO HOSPITAL VR A1S (4) 1SM 9/59

er death Page 4

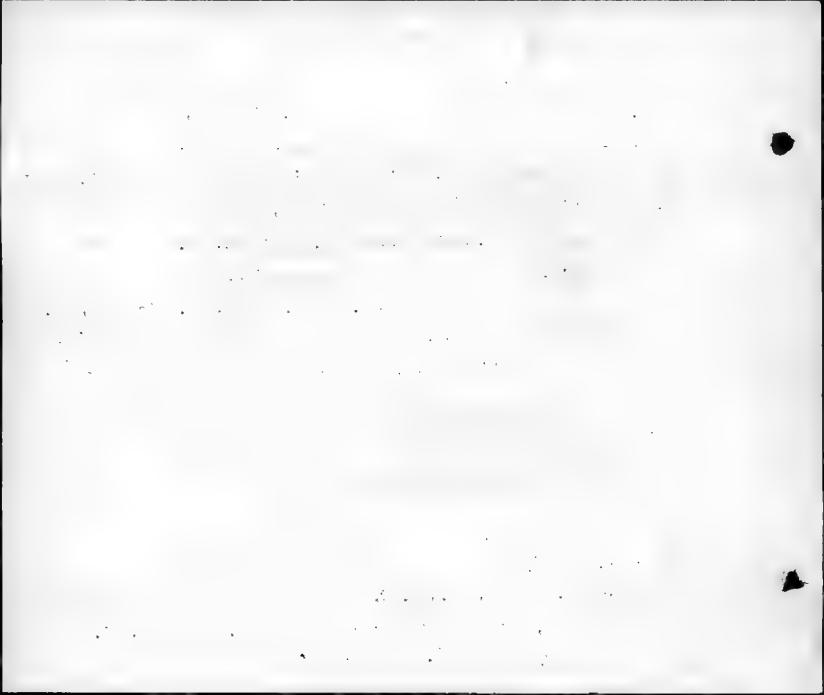
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hau





MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1151 CERTIFICATE OF DEATH director, ited with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY g. STATE filed b. COUNTY MARYLAND Caroline c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) reder Asburn d. STREET ADDRESS e IS RES DENCE ON A FARM? d NAME OF HOSPITAL/(If not in haspital, give street address) OR INSTITUTIONS YES NOT 2.1.4 morris Avenue puo .5 NAME OF DATE OF DEATH Day Year filled DECEASED (Type or print) 100 1961 6. COLOR OR RACE B DATE OF BIRTH 9, AGE (In years lost birthdoy) IF UNDER 1 YEAR, IF UNDER 24 HRS S. SEX 7. MARRIED TO NEVER MARRIED offer Months Days Hours DIVORCED | Male White WIDOWED | 1901 YES. 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Caroline Lo. . Md. Operator of Trucks for Long wistance Is and 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME requires that the death certificate be physician Ď .⊑ to ie Fmith remave Jerr · Collins 17 INFORMANT Address IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Federal sburg Herel B. Colling. attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE IN 2 whi DUE TO certificate has been signed be as the burial-transit permit. Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying couse jost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) burial. 20c TIME OF INJURY Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 194/_, that (I) (we) lost 21 I certify that (I) (this haspital) attended the deceased from. M, from the sow the deceased alive on___ and that death occurred at couses and on the date stated above. TO FUNERAL DIRECTOR: 22b DATE 22a. SIGNATURE by SIGNED ATTENDING MED DIRECTOR / AlleoTon pe M.D 22d ADDRESS 22c. PHYS CIAN'S 3 shauld NAME (Type) ole 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 23g BUR AL CREMATION 23b DATE THEREOF (Stote) page the Sta REMOVAL (Specify) 0.7 Cr at cometer/ 25b REGISTRAR'S S GNATURE **ADDRESS** 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE Cirthur & Kraus ECER AISDURG Ramolom DATE



TO MOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 harmer death. Page 4 may be refer on by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Dayne funeral director, page 3 should be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 shauld be filled with the State Bodiane Health prior to burial, cremation, or remayal, and in may event, within It have death. I VR A15 (4) ISM 9/59

	MAR DIVISION OF S 1152	TATISTICAL RESEARCH	DEPARTMENT OF AND RECORDS — BALTING TE OF DEATH	HEALTH MORE 1, MARYLAND	
1.	PLACE OF DEATH COUNTY TALBOT	MARYLAND		nere deceased lived. If institution	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	EASE	outside corporate limits, write RUR	29
		rial Mosp	d STREET ADDRESS	Vanson	e. IS RESIDENCE ON A FARM? YES NO 19
L	NAME OF DECEASED (Type or print) Alex Ande	Middle*	Cooper	4. DATE Month Jan	31 196d
	Minute Col WIDOWEL	0	B. DATE OF BIRTH	last birthday) 7 yrs.	Months Days Hours Min.
	USUA: OCCUPATION (Give kind of work done 10b K during most of working life, even if retired) FATHER'S NAME	Le La La La	INTARY	· /A7, d	12 CITIZEN OF WHAT COUNTRY?
	JAMES Copper		Unknown		
	WAS DECEASED EYER IN U. S. ARMED FORCES? 16. S. no, or unknown) (If yes, give war or dates of service)	OCIAL SECURITY NO. 17	INFORMANT	Addres	į
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE [o] DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse ast. [b] DUE TO [c]	Peneraliza	al Top	escheroles Prizera	INTERVAL BETWEEN ONSET AND DEATH
CERTIF CATION	PART II. OTHER SIGNIFICANT CONDITIONS ECONOCIDENT WAS UNDERLYING 20b. DESCIOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	mel o	ST NOT RELATED TO THE TERM LED. (Enter noture of Infory in		N IN PART I(d) 19 WAS AUTOPSY PERFORMED? YES NO
MEDICAL		Not while	PLACE OF INJURY (Hame, formactory, street, affice bldg., etc	20f. (City or town)	(County) (Shote)
	21 certify that (I) (this hospital) attended saw the deceased glive an		M.D ATTENDING MPHYS 22d ADDRESS	M, from the causes and ECTOR STAFF PHYS Maryland	on the date stated above 22b, DATE SIGNED
(FUNERAL DIRECTOR'S SIGNATURE JESSES REPORTED REPORTS FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE	23c NAME OF CEMETERY ADDRESS ADDRESS ADDRESS	OR CREMATORY (' !/) 250 RED DATE	23d LOCATION (City, town, or	COUNTY) (State) FAR'S S GNATURE FART S. KINGLE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1153 CERTIFICATE OF DEATH

6.2100

ATTENBING PHYSICIAN: The law remurres that the demith certificate lie exacuted within 24 hours after death. Page 4 2 should be filed with TO HOSPITAL

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TO FUNERAL D

page 3 should

the State Boar

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	filled	iges 1 c	woth.	
	completely	Popers P	offer offer	I
	hysicion and	nove carban	t within 72 ha	
	he ottending p	Then please rer	nd in any even	
YSICION.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	oge 3 should be detached for use as the burial-transit permit. Then please remove carban pagaess {#ges 1 and	re Stote Board of Health prior to buriol, cremation, ar removol, ond in any event within 72 haurs offer deoth	
lay be rend at by the haspital of attending physician.	certificate hos	se as the burial-	buriol, crematic	a neptil
The hospital	OR: After this	etached for u	fealth prior to	
rent ed by	RAL DIRECT	should be d	te Soard of H	
idy be	FUNE	oge 3	e Sloi	

	PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY C	before admission)
r	CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corpore	ite fimits, write RURAL and giv	re nearest fown)
1	5 H3+011		X Oxtoct		
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS	-	e. IS RESIDENCE ON A FARM? YES ☐ NO [X]
	18 11 11 1 676 1000	- 7/ca f 1/2-C	10622 10101		100000
3	NAME OF DECEASED (Type or print) (Type or print)	Middle More	3 Death John DEATH	Month	Day Year
S.	SEN / 6 COLOR OR RACE 7 MARE	RIED NEVER MARRIED	8 DATE OF BIRTH 9	AGE IIn years IF UNDER T	YEAR IF UNDER 24 HRS
	Male white widow		Ava. 31, 1888		loys Hours Min
100	USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign cou	intry) 12. CITIZE	EN OF WHAT COUNTRY?
2			Maryland	0.	5.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	William H. Dobson)	Cartalia Dol	7.5	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT	Address	
	2. no ar unknown Iff yes, give war or dates of service	16-09-4499 M	a Page Talvery	Burnd	Marile
-	18. CAUSE OF DEATH (Enter only one couse per li	no fee (a) (b) and (a)	1. 1 4925 800 20 42	OK (TAX)	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY	AMFRILL DAJE	PHPITIS		ONSET AND DEATH
	IMMEDIATE CAUSE (6) LOTA	MINIFROFOTOF	1//////		GEGILS
	DUE TO	ADTERIASCI	EROSIS		Clears
	Conditions, if ony, which gove rise to immediate (b)	K/FN/U SCL	- F- NO3/3		year s
	couse (o), stoting the under.				
_	lying couse lost.) (c)				
ő	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8UT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED?
A					YES NO
CERTIFICATION	200 ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port	fl of item 18.)	
1	20c. TIME OF INJURY Month, Day, Year 20d I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City)	or town! (Cn	ounty) (Stole)
MEDICAL	Hour o. m. p. m. 19 Of wor	Not while fa	ctory, street, office bldg., etc.)	s total	(4.4.0)
	21 I certify that (I) (this haspital) attend	1 11	T	JAN. 7, 196	that (I) (we) last
	saw the deceased alive an	19.6/ , and that a	death accurred at the M, fram t	he causes and an the	
	220 S GNATURE	11 11	ATTENDING MED	STAFF	22b DATE SIGNED
	Winner St-1	Dan Klin	M.D PHYS. DIRECTOR	PHYS	1-10-61
	NAME (Type)	200-101	22d ADDRESS EN	-7711 m	,
	JONALY F. F	DAKTLEY M	D F/73	10N, 111	\mathcal{D}_{i}
23	BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C	4	ON (City, town, or county)	(Stote)
1	10r1a/ Dans. 7, 1961	10x ford	emetery UX	FORT MIDEL	ATURE
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTR	0	Kull
1	PROPICE E MENDEMA	200 FOSTON	///5, DATE JEN 12'6	الم السمال الم	1 2 2 mm.



director. Page for your files. for Boar retained State 3 to the fun the 2 with and age 5 me l and 2 v 72 hour Page in pencil in Item 18. Give Office along a burial-transit p removal, "pending" Examiner's 92 pesa cremation, plnous MEDICAL EXAMINER:

LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 115 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence berg e. COUNTY a. STATE **b.** COUNTY TALBOT TALBOT MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 CITY OR TOWN (Foutsida corporate limits, write RURAL and give nearest town) write RURAL and give nearest town] EASTON II GHMAN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street editress) STREET ADDRESS . IS RESIDENCE F.DOVER ST. ON A FARM? CANNERY SHACKS YES TO NO TO NAME OF First Midd.e 4. DATE DECEASED WILLIAM DOZIER (Type or print) DEATH JAN. 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF JNDER 7. MARRIED NEVER MARRIED thday) Months Deys Hours MALE COL WIDOWED [DIVORCED 10a. JSUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) 18. Give Pages 1 form PM3. Pag nit. Fis page 1 event within 7 LABORER SEAFOOD 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give was or detas of service) 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VD-CEREBRAL HEMORRHAGE RECURRENT **DUE TO** Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the undarlying causa last. PART I, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word YES 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of Item 18.) xecute the cernicum,

I be forwarded to the Chiaf Medi
ERAL DIRECTOR: Page 3 shoul PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, ; 20f. (City or town) Month, Day, Yeer (County) factory, street, office bldg., etc.) Hour e.m. Whila Not Whila et work at work 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S WE DEPU NAME (Typa) Address (Streat, city, town, or county) Please 4, shoul O FUN 22a, BURIAL, CRIMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, fown, or country) SEMOVAL (Specify) _FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 Chillian & Harry

1961

Min.

NO

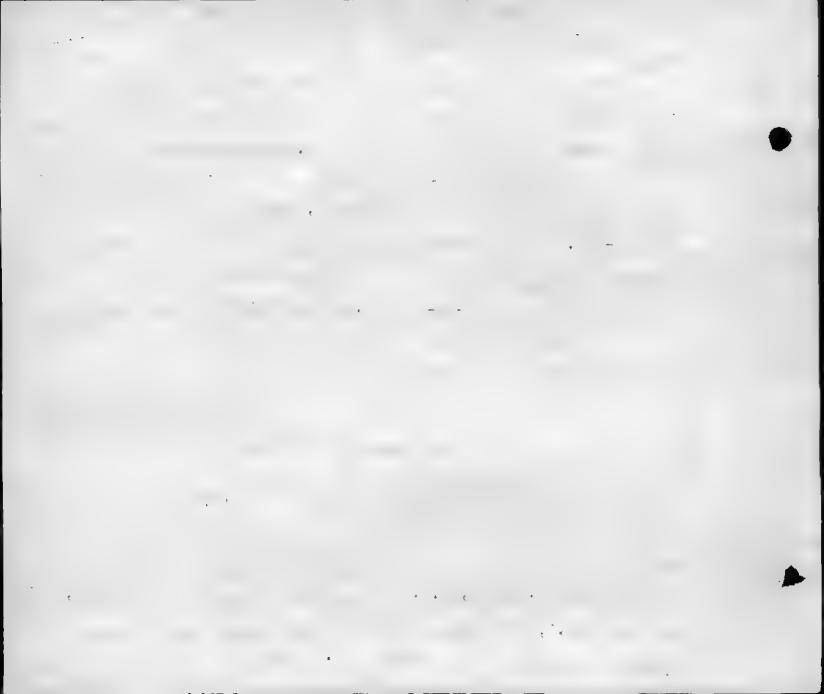
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss on) a. COUNTY b. COUNTY Talbot director, Page is necessary, Talbot Maryland MARYLAND age Han b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town! rural-Skipton Easton min. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boar d. STREET ADDRESS a. IS RESIDENCE ON A FARM? refained Slate YES NO Y Farm Hanson Street death. on a and 3 to the fun 3. NAME OF Middle DATE Month DECEASED OF the (Type or print) DEATH Dulin 61 after January 19 Omer with S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7.2, a. 1.2, a. 1.2 hours a 2 with NEVER MARRIED 63birthday) Months White House Male 1897 WIDOWED ! DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) in pencil in flem 18, Give Pages 1, pages 1 a Agriculture Farming-ret. Maryland USA form P.M3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Dulin

IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Emily Calloway E This certificate should be emcured mithin event Address permit. (Yes, no, or unknwn) (If yes give wer or detecol service) Office along with fa burial-transit permit emoval, and in any e 216-18-206Mrs. Lelia Dulin, Easton, Maryland no none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: GSW-HEAD IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which geve rise to immediate cause "pending" r6 Examiner's DUE TO (e), stetung the underlying 98 6 used cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,81, 19, WAS AUTOPSY PERFORMED? sase execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be K K ON CERTIFICA 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of Item 18.) PRIMARY TO OF CONTRIBUTING XAMINER: Surial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) fectory, street, office bldg., etc.) 0 While Not While NID c10A et work X et work PARM SKIPTON ALBOT prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion DEMUTA MEDICAL agent, Suicide X death resulted from: Natural causes Accident Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Welty. T.ouis S. January M.D. NAME (Type) Address (Street, city, lown, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) <u>5</u>40 Spring Cemetery Easton. Hill Maryland Buria. 1961 FUNERAL DIRECTOR 24e, REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE VS. A15ME Easton, Md. DAFEB 3 5M 7/59 Chithur S. Ferons Frampton Carroll

MARYLAND STATE DEPARTMENT OF HEALTH



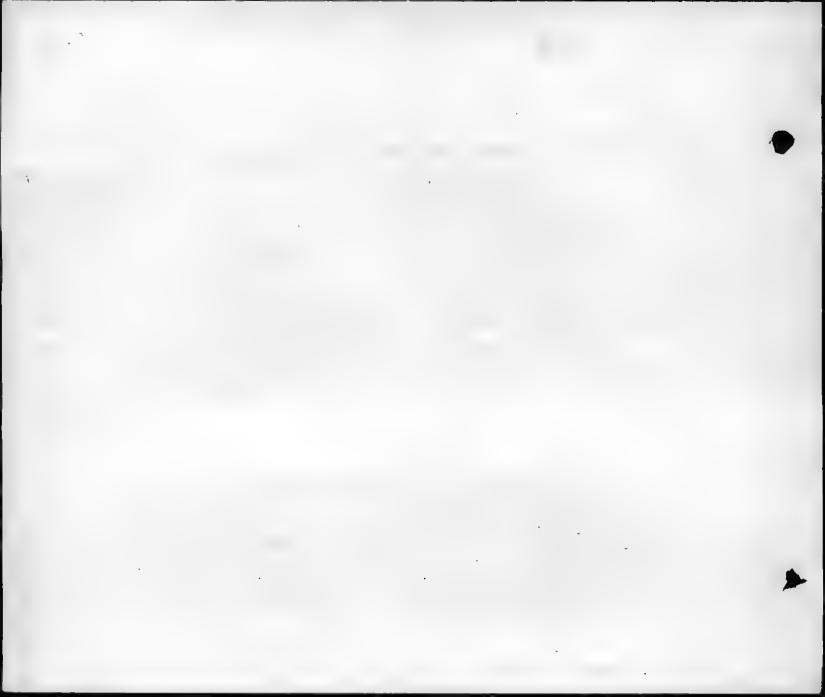
TO HOSPITAL BY ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 having her death. Page 4 may be recorded by the haspital or oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1156 CERTIFICATE OF DEATH	
1. PLACE OF DEATH o. COUNTY A-LBOT MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution Resid to STATE ARYLENCE) b. COUNTY	ence before admiss on)
b CITY OR TOWN (If autside carporate limits, write RURAL and RURAL and give nearest tawn) EASTON 2 days 40 EASTON 2 days	d give nearest town)
d NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION ASTOR Memorial Hospital (Hoppank Hui	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle Jost 4. DATE Month OF DECEASED (Type or print) NOTTHEW William Fisher DEATH JAN	20, 19 6
S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months 7 MARCH 18, 1877 83 yrs	ER I YEAR (F UNDER 24 HRS Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. Cl 13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	US 19
13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	2/
15. WAS DECEASED EVER (N U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes, give wor or dotes of service) (If yes, give wor or dotes of service)	17.
18. CAUSE OF DEATH [Enter only one couse per fine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420, POETO	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. (c) Disheles, mellites	
PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED? YES NO
20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While at work at wark 19 at wark	(Caunty) (State)
21 I certify that (I) (this hasbital) attended the deceased from	/ 22b DATE
M D ATTENDING MED DIRECTOR STAFF AND PHYS DIRECTOR PHYS D 22d ADDRESS:	1 /2 25 4 12 1
NAME (Type) C. H. SCHINIAT FOR TOWN 1/2 30 DATE THEREOF, 23C NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	377
SURIAL 1/23/61 SPRING HILL CEMETERY EASTON	Mo.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S: - Color Transplore Carroll Egy Ton Mo DAMAN 2 3 '61 Constant S	



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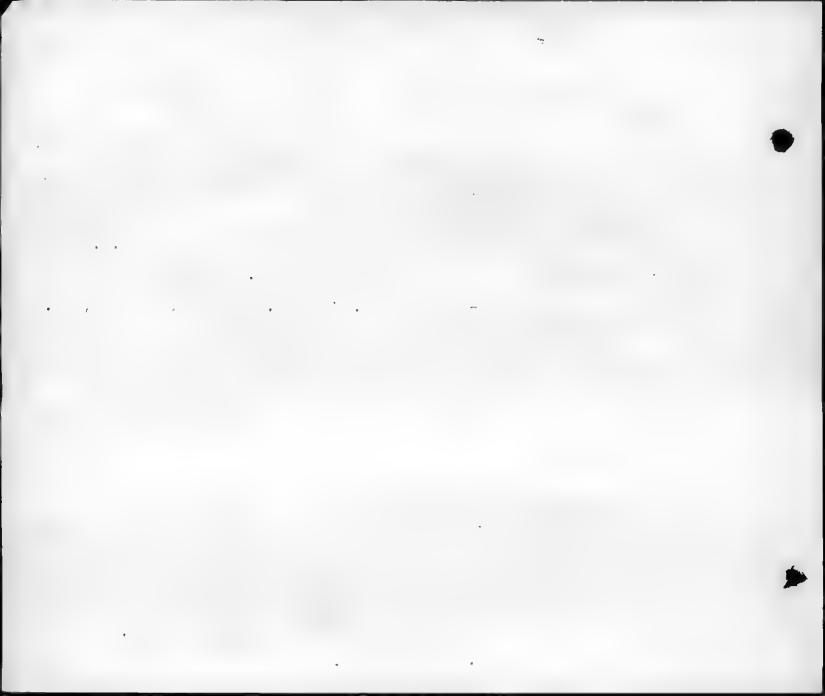
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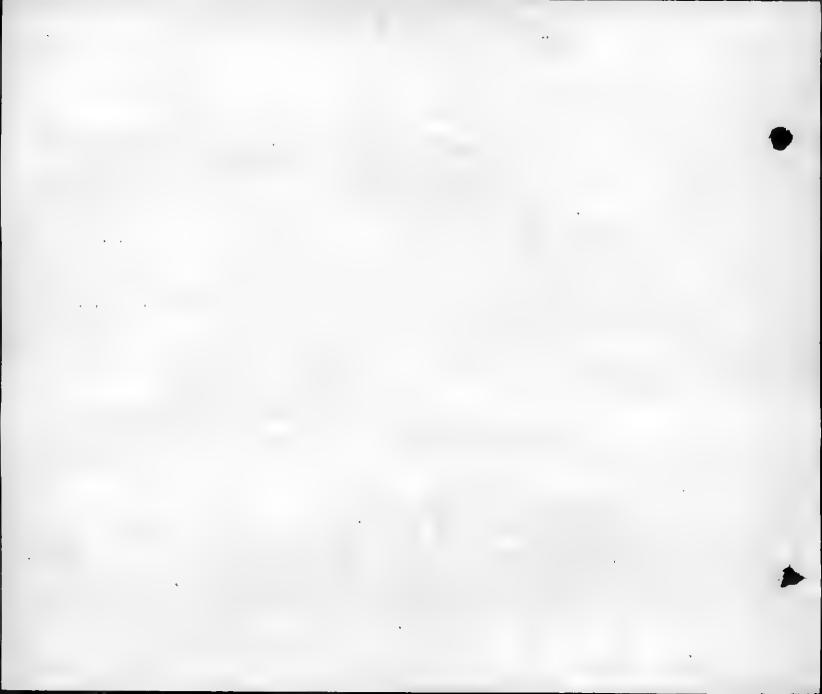
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1. PLACE OF DEATH 6. COUNTY Talbot	MARYLAND	2 USUAL RESIDENCE (Where deceded on STATE Maryland	sed lived If institution. Residence b. COUNTY Talb C	e before admission)
	Life	c. CITY OR TOWN (If outside cor		
d. NAME OF HOSPITAL (If nat in haspital, give street as OR INSTITUTION		d. STREET ADDRESS		o IS RESIDENCE ON A FARM? YES NOT
3. NAME OF DECEASED (Type or print) William Howard F		Lost 4. DATI OF DEAT	н Jan 29	Day Year 1961
S. SEX 6. COLOR OR RACE 7. MARRIE White Widowed	DIVORCED [8/11/1886	74 yrs Months	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done) 10b K during most of working life, even if retired) Waterman 13. FATHER'S NAME	ster	Maryland 14. MOTHER'S MAIDEN NAME		S.A
Ernest Frampton		Josephine L.	Jackson	
(Yes no or unknown) [(If yes, give war or dates of service)	001AL SECURITY NO 17 INF	ormant s. Helen J. Fr	ampton, Tilghr	nan, Md.
IB. CAUSE OF DEATH [Enter only one cause per line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a), staling the under- lying cause last. [c)	certain in	xero xi ~		ONSET AND DEATH
PERFOI				PERFORMED?
=		CE OF INJURY (Home form, 20f. (Cory, street, office bldg., etc.)	(C	aunty) (State)
21. I certify that (I) (this haspital) attended saw the deceased alive an Acres and	7 /	ath accurred of A.M. fra		
220 SIGNATURE	1 . J. M	ATTENDING MED DIRECTOR	STAFF PHYS	22b. DATE SIGNED
Tac Physician's Name (Type) GC / FT	13 FR Sr	22d. ADDRESS	- And francisco de la constante	<u> </u>
230 BUR AL, CREMATION, REMOVAL (Specify) Burial 2/1/1961		hodist Ti	ATION (City, town, ar county) 1 ghman Md.	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REG	15TRAR 25b. REGISTRAR'S SIG	10

TO HOSPITAL STENDING PHYSICIAN: The low requires that the demit mertificate be executed within 24 havingfier death. Page 2 may be refulled by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

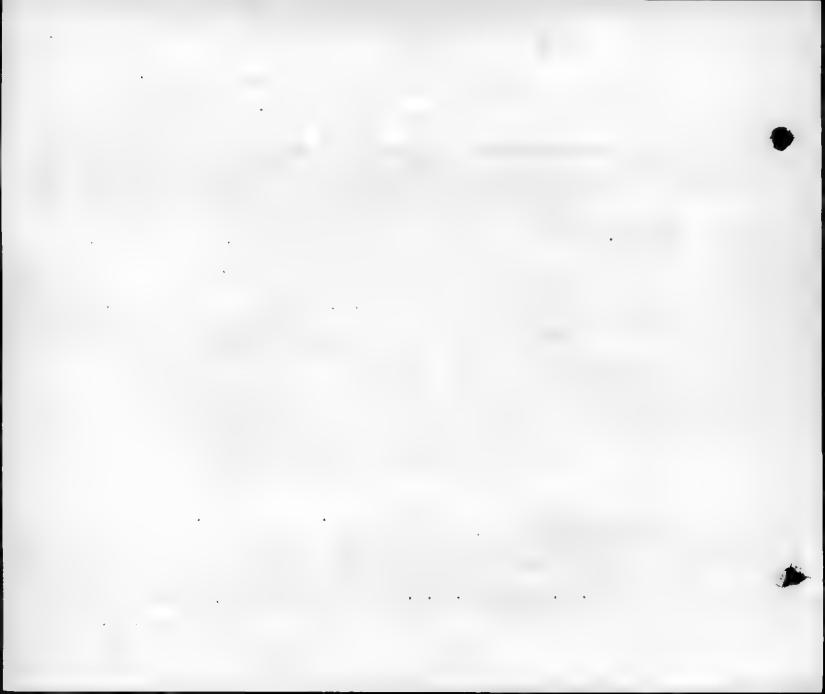
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1100						
1 PLACE OF DEATH a. COUNTY		2 USUAL RESIDENCE (Where deceding STATE	ised lived. If institution, Residence b. COUNTY	befare admission)		
Talbot	MARYLAND	Karyland Caroline				
 b. CITY OR TOWN (If autside carporate limits, RURA); and give nearest town) 	write c LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside con	porate limits, write RURAL and give	ve nearest tawn)		
Laston	6 days	Tederals	ounz	40 M		
d NAME OF HOSPITAL (If not in haspital, give		d STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
or institution	+-7	213 Vesp	er Avenue	YES NO F		
3. NAME OF Fra	Middle	Losi 4 DATI		Day Year		
(Type or print) logdal		Gibson DEA	т	4 1961		
		8. DATE OF BIRTH	- (AMADELLE) +-	YEAR IF UNDER 24 HRS		
	IDOWED THE DIVORCED		last birthday) Manths C	Days Haurs Min.		
- 0.1102.0		March 11, 1862	78 yrs 12 CITIZI	EN OF WHAT COUNTRY		
10a USUAL OCCUPATION (Give kind of work dan during most of working life, even if retired)	e TOB. KIND OF BUSINESS OR INDO	D	(Cooniny)			
Housevork	Home	Pittsburgh, Pa	3	J.S.A.		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
John Weber		Margaret Schmidt				
5. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, na, or unknown) (If yes, gave wer or dates of service)		FORMANT	Address			
To	None M	rs. J. Stanle, Lo	ng, Federalsburg	. Maryland		
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]						
PART I. DEATH WAS CAUSED BY	Carlant	1/2- 0.	Paris L	ONSET AND DEATH		
IMMEDIATE CAUSE (o)_	Cerebra	v wenter	very			
DUE TO	G_1 . I	1	. 0 -	15-		
Canditians, if any, which (b)	Jeneral	ingue cirrie	iosellin	1075		
cause (a), stating the under: DUE TO	cause (a), stating the under: DUE TO					
, (0)						
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	PERFORMED?		
				YES NO		
20g. ACCIDENT WAS UNDERLYING 20	20a. ACCIDENT WAS UNDERLYING D 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)					
(IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Manth, Day, Year	f.,	ACE OF INJURY (Hame, farm, 20f (i	Lity or tawn) (Co	ounty) (State		
Haur a.m.	While Nat while at wark at wark	cibry, stream, diffice blog , etc.)				
		Cont 1060	Ton 106	7 4 404 41		
21. 1 certify that (1) (this haspital) of						
saw the deceased alive an Jan.	IYOL and that a	leath accurred at 7 PM, fra	m the causes and an the			
22a SIGNATURE	-00	ATTENDING MED	STAFF To make	226 DATE SIGNE		
11/1/12	Junes	M D PHYS A DIRECTOR	□ STAFF □ Janua:	ry 25, 19		
22c PHYS CIAN'S NAME (Type)	Y	22d ADDRESS				
H. R. Tra	pnell, M.D.	Federalsbu	eg. Maryland			
230 BUR AL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY C		CATION (City, town, or county)	(State)		
REMOVAL (Spec fy) Jan. 28, 19		netery Het	rona Heights, P	C. ·		
J.J. Framptom and Son,	Pod a MadDRESS	250. REC'D BY REC	SISTRAR 256 REGISTRAR'S SIG	NATURE		
J.J.Framptom and Son,	rederations, ser	Jand DATEAN 27	61 arilus 8 th	CA		
		THE PART A	U	A STATE OF THE STA		

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has billien is given a signed. By the ottending physician and campletely filled in by he funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corby papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 hours after death. ofter death. Page 4 ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hour TO HOSPITAL VR ATH (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

1160 CERTIFICATE OF DEATH

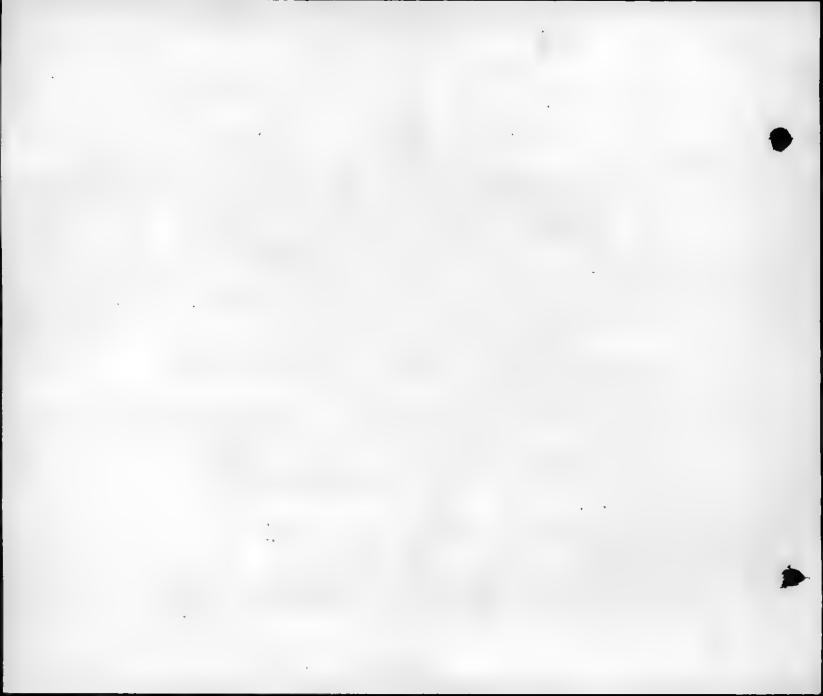
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	1, F	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
	c	a COUNTY TALBOT MARYLAND	STATE TOULD B. COUNTY CA	ROLINE
	Ŀ	B CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) EASTON 9 Rus. 40 mix.	c CITY OR TOWN (If outside corporate limits, write RURAL and giv	e nearest town)
)		d. NAME OF HOSPITAL HE not in hospital, give street address) OR INSTITUTION EASTON Manguille Hosp.	d. STREET ADDRESS GAYST.	* IS RESIDENCE ON A FARM? YES NO
	-	NAME OF DECEASED (Type or print) No Pin	Gledon 4. DATE OF JAN.	25, 196/
	5. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		YEAR IF UNDER 24 HRS ays Hours Min.
	10a.	t. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	TRY 11, BIRTHPLACE (State or foreign country) 12 CITIZE (Let a let a l	NOF WHAT COUNTRY?
)3.	CHARLES CLEATON	14 MOTHER'S MATDEN NAME ROBINSO	S
		WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or doles of service) (If yes, give wor or doles of service)	harles Glecton, Denl	ow, level.
/		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate	airy o turid Carine.	INTERVAL BETWEEN ONSET AND DEATH
		cause (a), stating the under-	1Kxx	
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(d) 19. WAS AUTOPSY PERFORMED? YES TO NO
^ a.	CERTIF	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLA Haur a. m 29 While at wark at wark at wark 1	ACE OF INJURY (Home, farm, 20f (City ar tawn) (Cartary, street, affice bldg., etc.)	unly) (State)
		21 I certify that (1) (this hospital) alleaded the deceased fram.	eath occurred at 2 M, from the causes and on the	
		220 SIGNATURE	M. D. ATTENDING MED DIRECTOR DESTAFF 25	22b DATE SIGNED
		PAME (Type) F. C. H. Schmidt.	Protection The conficer	
	23a	REMOVAL (Specify) Part HEREOF 23c NAME OF CEMETERY OF TEMOVAL (Specify) Part (6, 1961)	R CREMATORY 23d, LOCATION (C'ty John, or county)	(State)
	24 (EUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN	ATURE
à		The War was the state of the st	DATE AN 3 0 '61 Chillian S. To	MANAGE

TO HOSPITAL STTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, after death. Page 4 may be retained by the haspital or alterding physician

TO FUNERAL DIRECTOR: After this certifical last bleen signed by the attending plysician and completely filled in the formeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death

VR A15 (4) 15M 9/59



MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEAT director, Page or your files oard of Health, a. COUNTY e. STATE Talbot Maryland MARYLAND b. CITY OR TOWN (f outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Tilghman
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) Pilghman d. STREET ADDRESS retained State Tilghman Narrows 3 to the fune death. NAME OF F rst 4. DATE Middle DECEASED OF the (Type or print) DEATH A. Gowe 500 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE O. BIRTH may age 5 may 2, and 84 ym. WIDOWED X DIVORCED [ale 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slate or foreign country) done during most of working life, even if retired) Seafood in pencil in Item 18. Give Pages Waterman Marvland pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Soloman Gowe Susan Baker permit, File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive wer or deles of service) Office along with burial-transit perm Smith, Mrs. Charles G. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] .= PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal, Conditions, & eny, which gave rise to immediate cause Examiner's 60 "pending" DUE TO (e), sletting the underlying cremation, PART II, OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)] 19. WAS AUTOPSY CERTIFICATION 9 ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part 1 or Part II of Itam 18.) PRIMARY [] or CONTRIBUTING [] MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) , factory, street, office bldg., etc.) Not While While al work K at work LIKALDS NA-RIPOWS 11/11/12 21. I certify that I took charge of the remains described above, held an Autopsy | |. Inspection Accident X death resulted from: ∧Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER -EXAMINER'S DEPUT NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) O ö ₫40 Tethod Tilohman Buris 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DATEJAN 1 3 '61 arthur S. Krane Michaels. Md. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) b. COUNTY Talbot c. CITY OR TOWN (If outside corporate I mrls, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO X Year Month 1. 1961 IF UNDER 24 HRS. AGE (In years IF JNDER 1 YEAR last birthday) Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Tilghman, INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(County)

NO

(Slale)

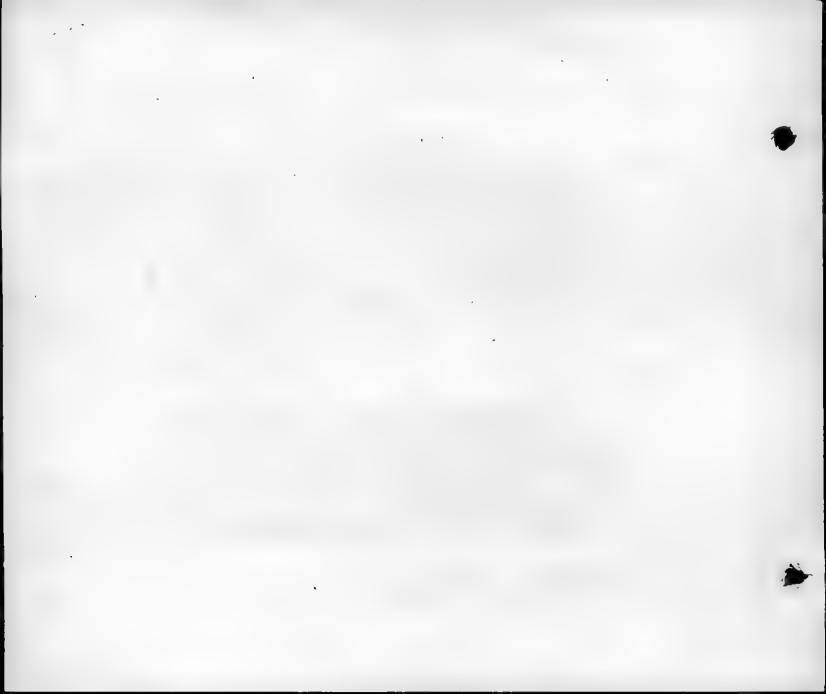
and in my opinion

DATE SIGNED

(Slale)



that the death certificate be



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

Them 8 FIGURE OF DEATH 1163

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b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) (If subside corporate limits, write RURAL and give nearest fown) (If subside corporate limits, write RURAL and give nearest fown) (If subside corporate limits, write RURAL and give nearest fown)	s, write RURAL and give nearest town?							
La 17 0 1 UN 1 Clarity,	100							
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION EASTON Memorial Hosp d. STREET ADDRESS R. 7.	ON A FARM? YES NO							
3. NAME OF DECEASED (Type or print) Best his E. Lockwood OF DEATH JIA.	Month Day Year 196/							
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH CO WIDOWED DIVORCED 1/7/1/1/1/1893 9. AGE (Lost b)	(in years IFUNDER 1 YEAR IF UNDER 24 HRS irthdoy) Months Days Hours Min.							
100 USUAL OCCUPAT ON (Give kind of work dane during most of working life, even if retired) Howard Warsh Warsh Eastern Me.	12 CITIZEN OF WHAT COUNTRY?							
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LICENSELE C	carry -							
(Yes, no, or unknown) (If yes, give war or dates of service)	Address Banken, Ma							
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART-I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove rise to immediate cause (a), stoting the under. [b] DUE TO Lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS.	INTERVAL BETWEEN ONSET AND DEATH TION GIVEN IN PART I(o) 19. WAS AUTOPSY YES 10 NO 1							
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	m 18.)							
20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour o. m. 19 While at wark at wark 19 at wark 20d wark 20d occurred factory, street, affice bldg., etc.)) (County) (State)							
	The Walt I was a second							
M.D ATTENDING MED STAFF	M.D PHYS DIRECTOR PHYS DIRECTOR DIRECTO							
22c PHYSICIAN'S ECH SCHMILT 22d ADDISSI LAND	Margleral							
23a. BURIAL, CREMATON, 23b DATE THEREOF 23k NAME OF CEMETERY OR CREMATORY 23d LOCATION (CITY PRODUCT)	inffel							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 2	25b, REGISTRAR'S SIGNATURE							

VR A1S (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH

1164

CERTIFICATE OF DEATH

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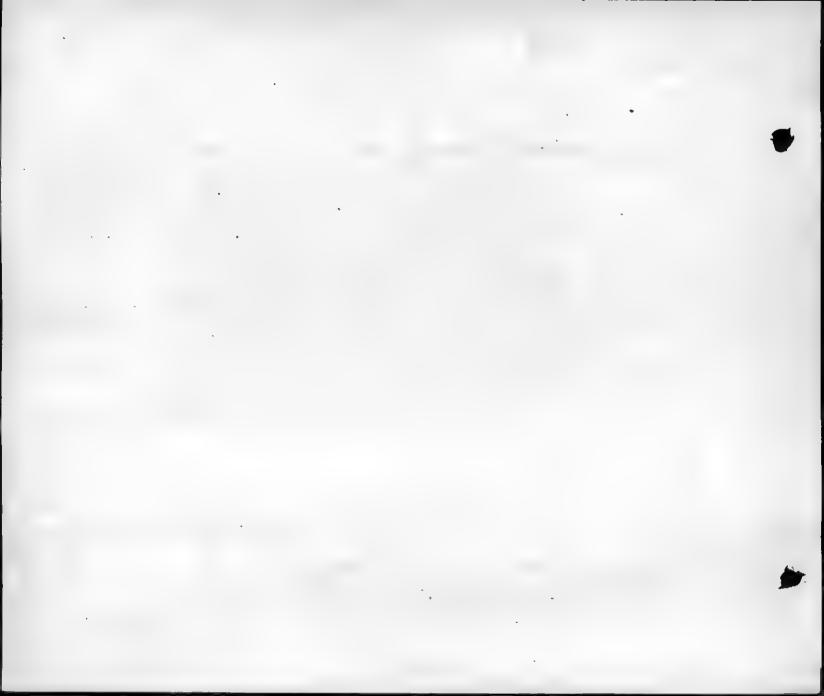
	1. PLACE OF DEATH o. COUNTY Ig/h.c.T	2. USUAL RESIDENCE (Where deceaded on STATE Maryla)	- L COUNTY -	e before admission)			
	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	INGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
4	d. NAME OF HOSPITAL (If not in hospito), give street address OR INSTITUTION		d. STREET ADDRESS	one	e. IS RESIDENCE ON A FARM? YES NOTE		
	3. NAME OF First DECEASED (Type or print) STARY	Middle //	natthews 4. DATE	-	Day Year 2 19 Cd		
	s. sex 6. color or race 7. Married Col. Widowed	111212111111111111111111111111111111111	. DATE OF BIRTH 10-15-1879		YEAR IF UNDER 24 HRS Days Hours Min		
	10a. USUAL OCCUPATION (Give kind of work done dumping most of ygrkings life, even if retired) 4 arm aboror	of Business or Indust None	RY 11. BIRTHPLACE (Stole or foreign Maryland		S.A.		
	13. FATHER'S NAME Anderson Matthe	***	14. MOTHER'S MAIDEN NAME	- C23			
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA		Heneritt	a Sudler Address			
T	(Yes, no or unknown) (If yes, give wor or dates of service)	-14-3211	Elbert Matthew	ws Goldsboro), Maryland		
	Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. Canditions, if any, which gave rise to immediate cause (b). Canditions, if any, which gave rise to immediate cause (b). Canditions, if any, which gave rise to immediate cause (a).	Returns to Death Blits	NOT PELATED TO THE TERMINAL DISE	Servalgid ASE CONDITION GIVEN IN PART	Z Im 19 WAS AUTOPSY		
	200 ACCIDENT WAS UNDERLYING 206 DESCRIBE		(Enter noture of injury in Port) or I		PERFORMED? YES NO		
	20c TIME OF INJURY Month, Day, Year 20d. INJURY	Not while facts	CE OF INJURY (Home, farm, 20f (Cory, street, affice bldg., etc.)	lity or town) (Co	ounty) (Stote)		
	21. I certify that (I) (this haspital) attended to saw the deceased alive an	eath accurred at 15 M, fra	m the causes and an the	date stated above			
1	22c PHYSICIAN'S NAME (Type) P. E. COX M.D		A.D. PHYS 22d. ADDRESS Easton, Maryla		1/6/61		
	236 BURIAL CREMATION, 236 DATE THEREOF 23c REMOVAL (Specific 1-7-61	NAME OF CEMETERY OR		CATION (City, town, or county) Ldsboro. Mars	(Stote)		
	24) FUNERAL DIRECTOR'S SIGNATURE STREOM	ADDRESS WILL OF ORD. Y	250 REC'D BY REG DATE JAN 9		NATURE		

TO HOSPITAL BY ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours for death. Page 4 may be read a by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in Extra etuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59



15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



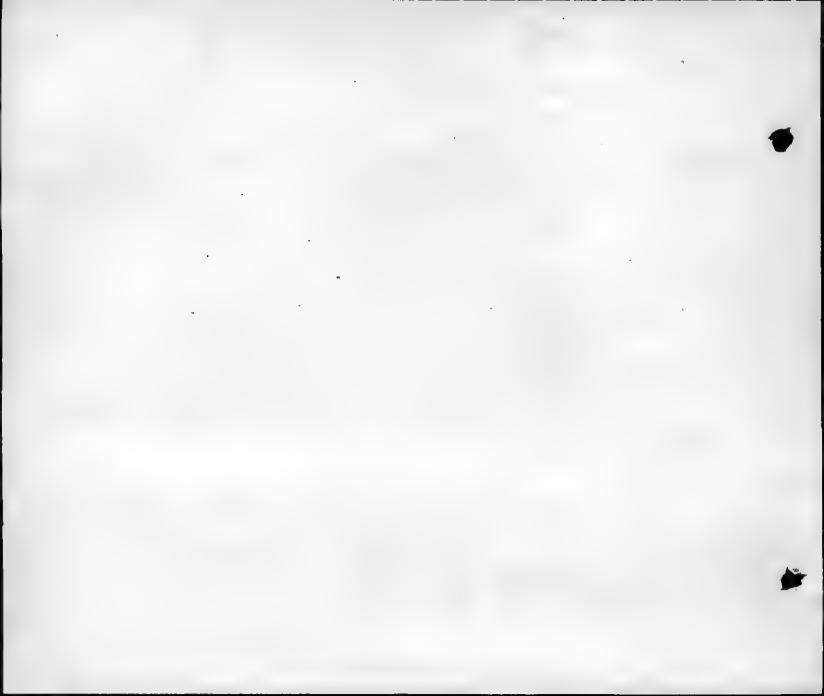
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
1167 CERTIFICATE OF DEATH

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TO HOSPITA' & ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours the death. Page 4	>> may be rend d by the haspital or attending physician.	15	9€ page 3 shauld be detached for use as the burial-transit permit. Then pleo≡ remave carbon papers. Pages 1 and 2 shauld be filed with	the State Board of Health originate burial, are motion, or removal, and in any event within 72 hours after death.
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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Her death. Page A

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Ä	1,- ,- ,- <u>il</u>	PLACE OF DEATH O COUNTY TAI bot MARYLAND	1 STATE	DENCE (Where deceased lived	b. COUNTY	e before odmission)
		B CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) LASTON 3.12.1	CAIL	OWN (IF butside corporate li	mits, write RURAL and g	ive nearest town)
4		d. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION	d STREET A	Elioptank c	roe.	e. IS RESIDENCE ON A FARM? YES NO
	1	NAME OF DECEASED (Type or print) RANN First REMINDED History H	Roe	4. DATE OF DEATH	Jan:	23 196/
	5_5	SEX. 6. COLOR OR PACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Sept. 22	z, 1895 9. AG	Attack days	1 YEAR IF UNDER 24 HR Days Hours Min.
/_	100	a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND Adving may of marking life, even it retired) Little Language School School bus are	OUSTRY 11. BIRTHPE	ACE (State or foreign country	12.CITI	ZEN OF WHAT COUNTRY
	13.	FATHERS NAME	14. MOTHER'S	maiden NAME III	ulks	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, give wor and other of vervice) 220-32-0443	INFORMANT	Frank Rose	Addrew)	on Med.
		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	-0 C			INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which) (b) Carcino		- com-		172
		gave rise to immediate cause (a), stating the <u>under-lying</u> (c)				
	CERTIFICATION	PANT II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO	THETERMINAL DISEASE CO	NDITION GIVEN IN PART	1 1(0) 19. WAS AUTOPS' PERFORMED? YES NO
			RED. (Enter noture o	f injury in Part I or Port II of	item (B.)	•
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. While at work at work	PLACE OF INJURY (factory, street, office	Home, farm, 20f. (City or to bldg., etc.)	own) (C	County) (State
		21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an		19.59ta d at 155 M. from the		, that (I) (we) to date stated above
7		220 SIGNATURE 2	M.D ATTENDIN	G _ MED ST	AFF	226 DATE SIGNE
		22c. PHYSICIAN'S NAME (Type)	22d. ADDR	ESS		
*******	230	MEMORY REPORTION, 236 DATE THEREOF 230 NAME OF CEMESTERY JULIES (NAME OF CEMESTERY)	OR CREMATORY -	ley 23d, 10er 10N	(City town, or county)	Mill (Sigle)
,	24.	Naure E. Newsam I SON Easton	, Md:	250. REC'D BY REGISTRAR DATE JAN 3 0 '61	256 REGISTRAR'S SIC	4.4
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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

		1108 CERTIFICA	TE OF DEATH	6.4.154
4		COUNTY TAILS + MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence be o. STATE Maryland b. COUNTY Talb	
	k	C. CITY OR TOWN (If outside corporate limits, write RURAL gad give negrest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give r	nearest town)
ŗ	(OR INSTITUTION OF MOSPITAL (If not in hospitol, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO
	1 1	NAME OF DECEASED Type or print) Bills. Hirl	Stanford DEATH January o	Day Yeor 76 /
,	2	6. COLOR OR RACE! 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	January 25, 1961 tost birthdoy) Months Days	25
		USJAL OCCUPATION (Give kind of work done during most of working life even if retired)		OF WHAT COUNTRY
I	K	Let Jackson Neshields	Taccline Mary Stanford	
	IS. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. II	mother St, Micha	la, me
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY UMMEDIATE CAUSE (o) OUE TO		TERVAL BETWEEN
		Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost		
0	FICATION		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19 WAS AUTOPSY PERFORMED? YES NO
	CERTI	20g. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter noture of injury in Port I or Port II of item 18.)	
	MEDICAL		LACE OF INJURY (Home, farm, 20f (City or town) (Count actory, street, office bldg., etc.)	ly) (Stote
		21. I certify that (!) (this hospital) attended the deceased from.	death occurred 440M, from the couses and on the do	
,		220 SIGNATURE TORONG (e/hAll)	M.D. PHYS STAFF DIRECTOR PHYS	1 225 DATE
/		22c physic, AN's // (CAC)	22d. ADDRESS	

may be referred by the hospital or attending physic on.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death a by the hospital or ottending physic on.

TO HOSPITA

VR A15 (4) 15M 9/59

BLR AL, CREMATION REMOVAL (Specify) DATE NAME OF CEMETERY OF CREMATORY

REC'D BY REGISTRAR

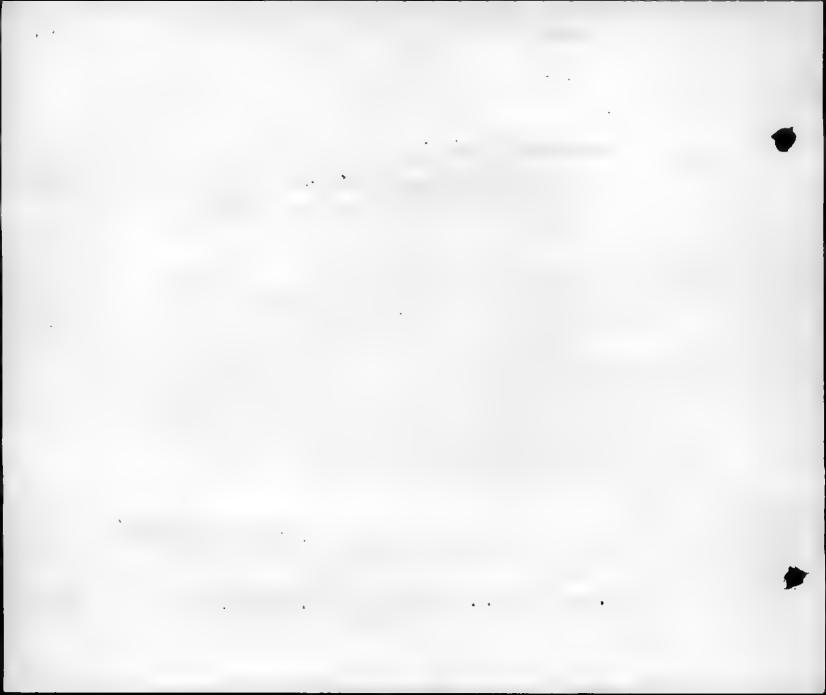
FUNERAL DIRECTOR'S SIGNATURE ADDRESS INCINERATION (MEMORIAL HOSPITAL)

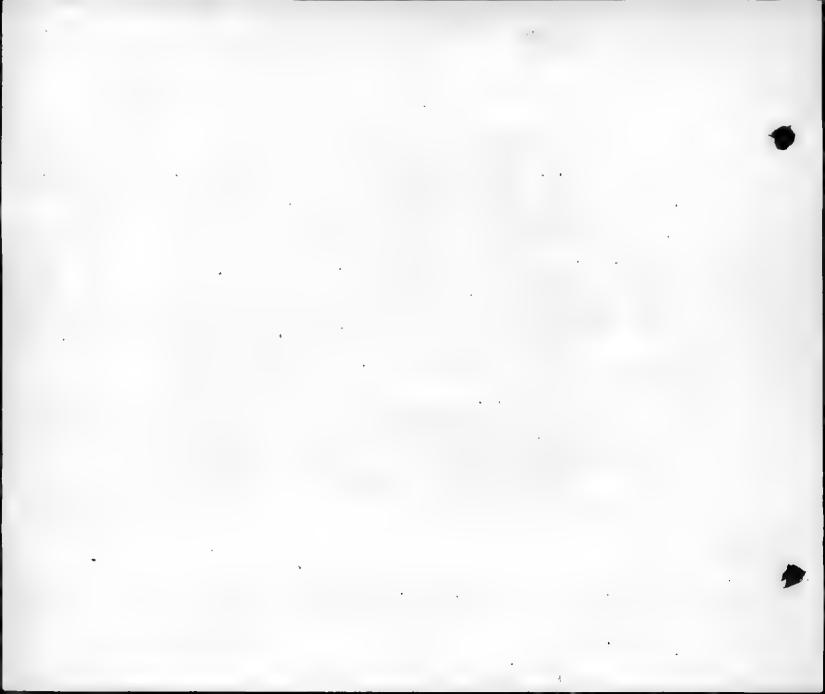
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R. Lane Wroth M.D

THE REOF

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

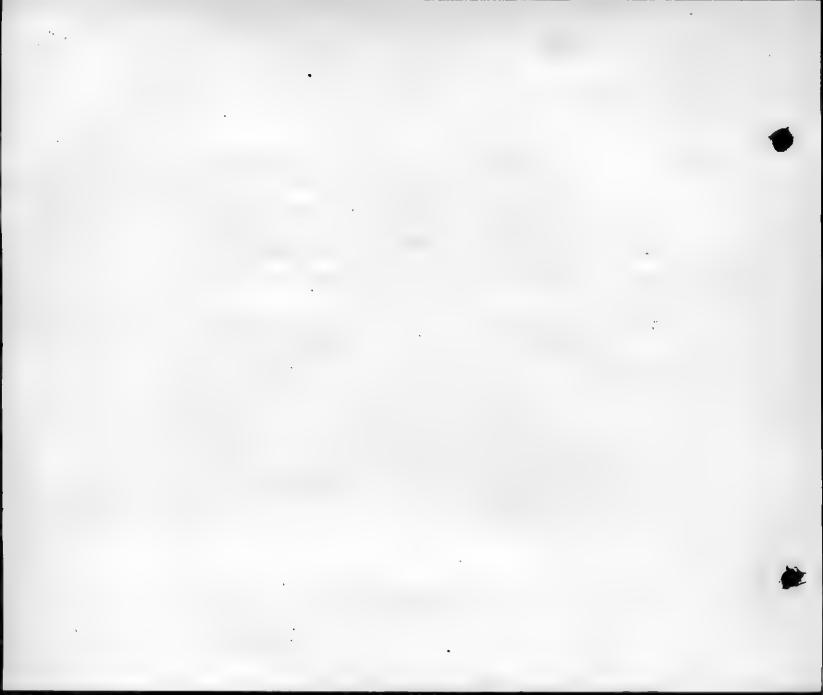
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1.	PLACE OF DEATH o. COUNTY LARGE LAT	MARYLAND	o. STATE	re deceased lived If institution:	Residence before admission)
	b. CITY OR TOWN is outside corporate limits, write RURAL and give instant town;	c. LENGTH OF STAY IN 16	V/W. 16	tade corporate timils, write RUR	At and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES: 100 []
3.	NAME OF DECEASED (Type or print) Dewes	Buffer x	leverly	4. DATE Month OF DEATH	23 Doy Year, 196/
	m. To. WIDOWE	D DIVORCED	JERN 9, 189 E	dist brithday) yrs.	Months Days Hours Min.
	a. USUAL OCCUPATION (Give kind of work done 10b dying most of yerking life, even if retired)	CA Safain	Mary	ed	7. OF WHAT COUNTRY?
1	Collegio N. Levare	4	Oleman eta	3 zento	
15	, WAS DECHASED EVER IN Ú. S. ARMED FORCES? 16, 16 (If yes, give wor or dates of service)	8-20-575	Mes Cayling &	Devila &	go port 197
Г	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (o), (b), and (c).]	OCCLUSIO.	N	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-	TERIO - SCLE	POTIC HEA	PRT DISEAS	SE Years
	lying cause last. (c)				
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO.		417US	IALD SEASE CONDITION GIVEN	I IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CFRT	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	(Enter nature of injury in Po	ort I or Port II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. IN Haur a. m. 19 While at wark	Nat while fact	CE OF INJURY (Home, farm, ary, street, office bldg., etc.)	20f. (Cily or lown)	(County) (State)
	21 I certify that (I) (this hospital) attend saw the deceased alive an JAN, 23	0 0		/	, 1961, that (I) (we) last on the date stated above
	220. SIGNATURE	sartly "		STAFF ECTOR PHYS	22b. DATE SIGNED
	22c PHYSICIAN'S DONALD F.	BARTLIEY, M	22d. ADDRESS HAM	DON ST. EL	ISTON, MD.
	REMOVAL (Specify)		CREMATORY Encling	Caster Felf	County) (Stote) Thaufer
24	FUNERAL DIRECTOR SIGNATURE	Caralin /	DATE JE	BY REGISTRAR 256. REGISTI	RAR'S, SIGNATURE A

TO MOSPITAL TO THE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page A may be retained by the hospital or otherding physician.

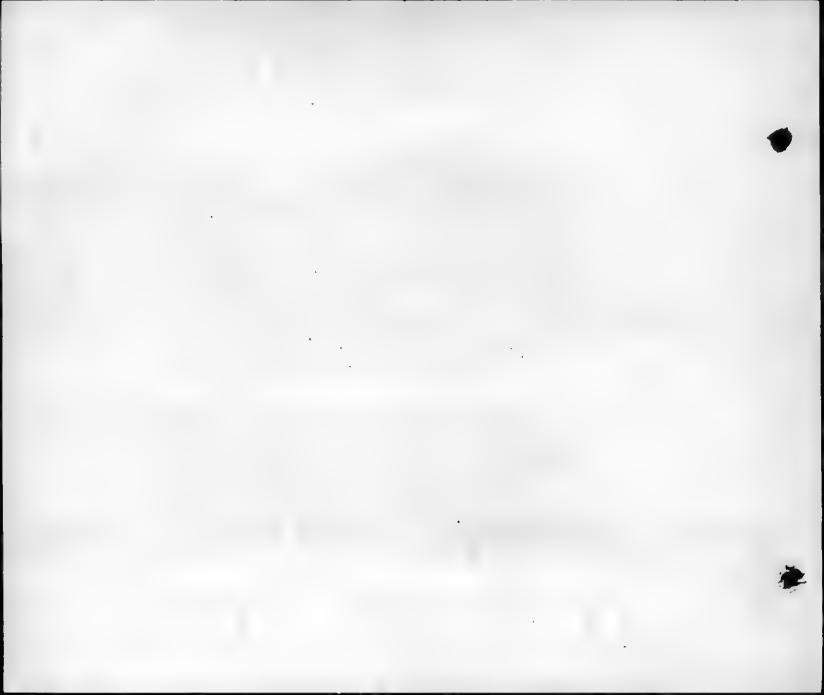
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to bur of, cremathon, or removal, mill in may event, within 72 hours after death. VR A15 (4) 1SM 9/59



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VR A1S (4) 1SM 9/59

	Tt 0 P(1 P270 1 10 61 at	
	PLACE OF DEATH O. COUNTY MARYLAND STATE B. COUNTY MARYLAND	ose admission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give no RURAL and give nearest lown)	earest town)
")	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION NEMCRIA HOSPITAL GENERAL	e is residence on a farm? YES \(\) NO \(\)
	NAME OF DECEASED (Type or print) Edwin E Middle Thawley DEATH TAN 5	Poy Year B 196/
	6. COLOR OF RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 1891 9 AGE (In years IF JNDER 1 YEA	Hours Min
	00 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or Fareign country) during most of working liteaceven if retired) Warring most of working liteaceven if retired)	OF WHAT COUNTRY
	3. FATHER'S NAME Willard) I, thankey 14. MOTHER'S MAIDEN NAME I . Jen	ell
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO J.Z. INFORMANT Charles Wellia To Addréss To Charles Wellia To	itos, la
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (o), stoting the under-	ITERVAL BETWEEN NSET AND DEATH
	Iying cause lost. (c)	19 WAS AUTOPSY PERFORMED? YES NO
-	PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work at work 19 of	y) (State
	21 I certify that (I) (this baseital) aftended the deceased from	
	22c PHYSICIAN'S NAME (Type) ECH. Schrrift 22d ADDRESS 1/2 1/2 1/2	22
	23d. SUPIAL, CREMATION, 73A DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d. OCATION (City, town, or county) Denter Denter	(State)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS SIGNAT DATE. LILL DATE N 5 '61 CINHAN S. KNOW	



a. STATE

IS RESIDENCE ON A FARM? YES NO

Day

Year

19/

PLACE OF DEATH

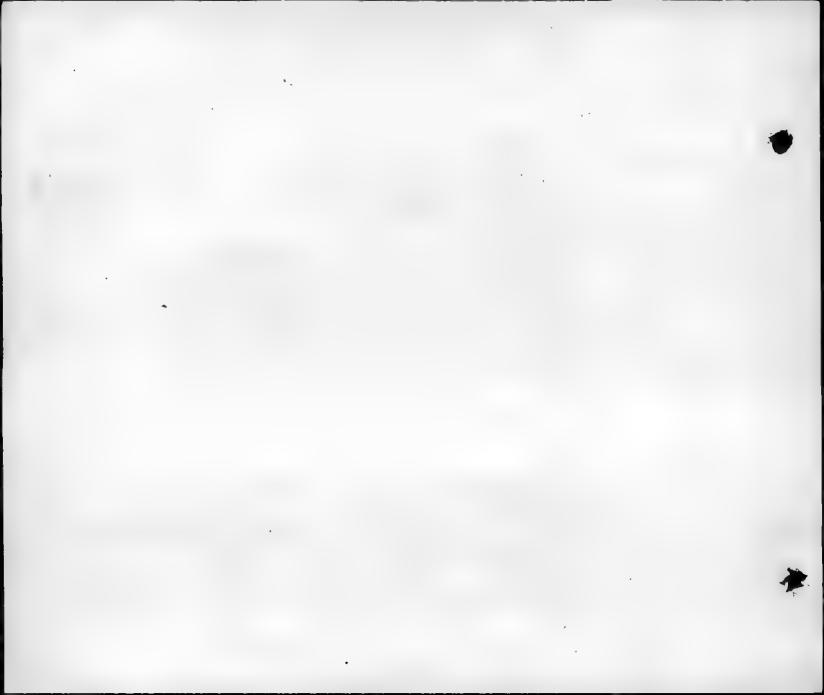
o. COUNTY

MARYLAND b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 CITY OR TOWN (Iffoutside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d_STREET ADDRESS NAME OF Middle 4. DATE OF Month DECEASED DEATH (Type or print) MA S 14 nuare 6. COLOR OR RACE MARRIED NEVER MARRIED 1 B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S. SEX last birthdoyl Months DIVORCED WIDOWED [yes. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIŽEN OF WHAT COUNTRY? during most of working life, even if retired) none none 22 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .0 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. BOCIAL SECURITY NO. 17. INFORMANT none no none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20F. (City or town) Doy, Year factory, street, office bldg., etc. Hour o. m. While Not while at work at work Jan 2 21 I certify that (1) (this hospital) attended the deceased fram. sow the deceased alive an and that death occurred at 22a. SIGNATUR ATTENDING PHYS STAFF MED DIRECTOR M.D. 22c PHYSIQIAN 22d. ADDRESS 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. REMOVAL (Specify) uria 6 Newtown Cemeterv **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR'S SIGNATURE

INTERVAL BETWEEN ONSET AND DEATH 3 days NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS) PERFORMED? YES NO (State) (County) M, from the causes and on the date stated above. 22b.DATE 5 GNED 23d LOCATION (City, town, or county) (State) 25b. REGISTRAR'S SIGNATURE DATE JAN 1 1 '61 Easton, Md.

2, USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)

b. COUNTY



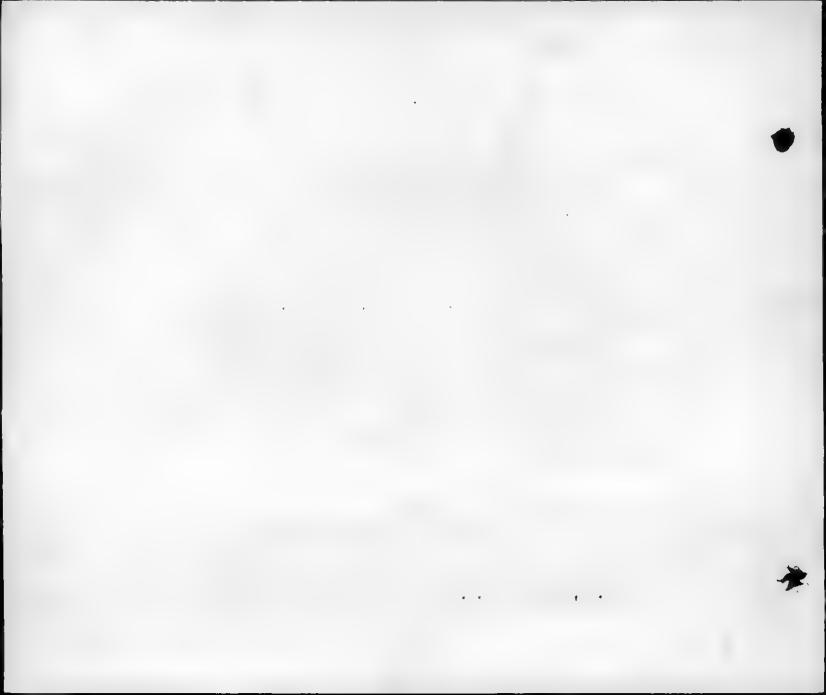
TO HOSPITAL ATTENDING PHYSICIAN: The low equires that the death certificate be essented within 24 Fig. First death. Page 4 may be refured, by the hispital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours offer death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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D. COUNTY	bot		MARY	YLAND	2. USUAL RESIDENCE (WI		h COHNTY	Residence be		ноя}
b CITY OR TOWN	(If outside corporate lin	nits, write	c. LENGTH OF STAY	' IN 16	c. CITY OR TOWN (IF					n}
EASTO	nedresi rown)		15 Kr	ر	Jethi	ehem		1. 2 X	2	
d. NAME OF HOSE OR INSTITUTION	/ V1.	give street	HOSP		d STREET ADDRESS				ON A	SIDENCE FARM?
NAME OF DECEASED (Type or print) J.C.		irst	Middle Thol	nos	lost SOM	4. DATE OF DEATH	JAN	th (Doy 25	Year 19 <i>G</i> /
S. SEX	6. COLOR OF RACE	7 MARE	RIED 🔂 NEVER MARRI		DATE OF BIRTH		9. AGE (In years tast birthday)	Months Days		ER 24 HRS
Hale	Thite	WIDOW	ED DIVORCE	ED 🔲	June 5, 183	5	77 yrs	Midianis Duys	ridurs	Will.
On. JSUAL OCCUPAT	TON (Give kind of working life, even if retire	done 10b.	KIND OF BUSINESS C	OR INDUST	RY 11, BIRTHPLACE (Stote	or foreign co	ountry)	12.CITIZEN	OF WHAT	COUNTRY
-tarbe		-/	Barber Sh	qo.	Dorchester	. Co.,	Maryland	U.5	e = 0	
3. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME				
Josep	h Thom, son				Loura J.	rtokes	3			
5. WAS DECEASED E	/ER IN U. S. ARMED FO		SOCIAL SECURITY NO). 17, INI	ORMANT		Addr	ess		
No	liv yes, give wor or oures or	service)		Dr	. Cl ule F.	Thomps	on, Itla	nta, Ge	orgia	
18 CAUSE OF D	EATH [Enter only one	ouse per li	ne for (o), (b), and (c).	-1		4			ITERVAL BI	
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 420. DUE TO Conditions, If any, which } (b) COMENSITY ACTION ACTOR								DEATH		
gove rise to	immediate ((b)	07/ 11/4/	<i>y</i>	11.1168:10 =	CLET				
cause (a), statin	d the nuger-									
		(c) NDITIONS (CONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE TERM	INAL DISEASI	F CONDITION GIV	EN IN PART 1(a)	19 WAS	AUTOPSY
OIL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	and the state of t	1					PERFC YES	DRMED?
200 ACCIDENT	VAS UNDERLYING []	20h DES	CDIDE HOW INTIDO O	CCHODED.	. (Enter nature of injury in	Port Los Port	II of item 18 t		163	NO
OR CONTRIBUTION	IG CAUSE OF DEATH Y MEDICAL EXAMINER	11	CKIBL HOW INTIME	SCCORKED.	. (Later holore of tajory in	rom rus rum	ii di nem io j			
		1	NJURY OCCURRED	20= PLA	CE OF INJURY (Home, farn	20f (City	or town	(Count		(State
20c TIME OF INJE Hour a. m p. m	30	While			ory, street, affice bldg., etc		or rowing	(COM)	71	(310/6
	nat (I) (this haspite	1'1			4.47	GC . to	1/25	, 196/		
	ased alive an	125	19 <i>G</i> /, and	d that de	eath accurred at	M, from	the causes an	d an the da		
22c. PHYSICIAN'S	1.5	Bu	lu	N	ATTENDING M PHYS. D	ED IRECTOR	STAFF PHYS		1/2	SIGNE
NAME (Type)	L. J. Egls	eder i	M-D-		Easton,	Mamel	and		7 /05	167
23a BUR AL CREMAT			23c NAME OF CEM	AFTERY OF			TION (City, town, o	or county)	ر ک ارسان Sta	اما
REMOVAL (Specif			Junior 0:				r Proutor			01
24 FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS			D BY REGIST		STRAR'S SIGNAT	URE	
X Traux	tom we sow.	reder	aleburg, t	angle	and DATE F	EB 1 '	ئي 61	ring & to	Lauf A	

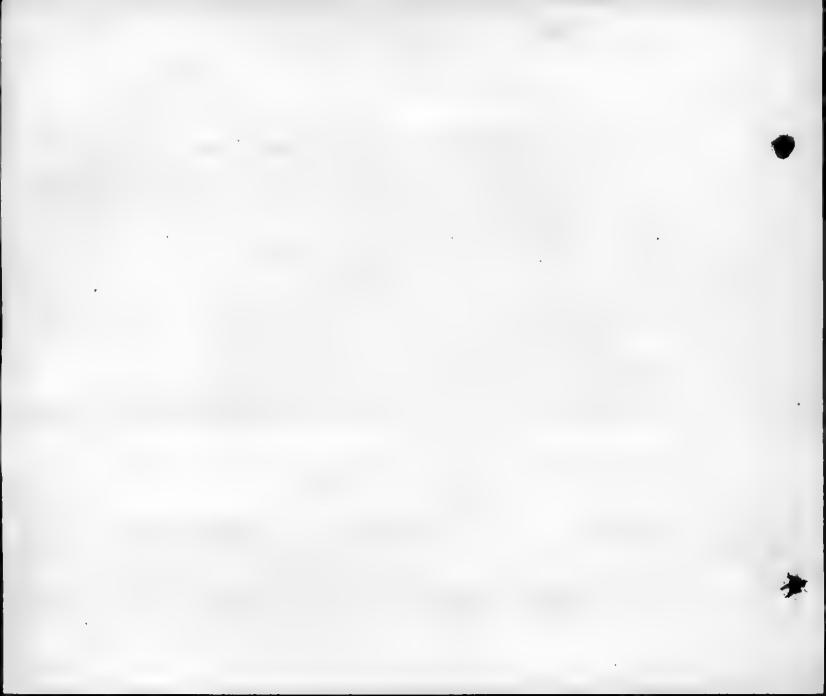


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1	PLACE OF DEATH		COMPANY OF THE PROPERTY OF THE	2 USUAL RESID	ENCE (Where deceased	I wad. If institut-	on: Residence befo	nce admission)
	a. COUNTY	-	MARYLAND	a. STATE		b COUNTY		
-	Julian		-	Mile	egano		Jackel	
	b CITY OR TOWN (If autsic RURAL give pearest to	own)	c. LENGTH OF STAY IN 16	C. CITY OR A	WN (If autside carpor	rate limits, write K	UKAL and give ne	grest town)
	casten		15 ms	00	rilon	- <u>-</u>		
	d NAME OF HOSPITAL (IF)	nat in haspital, give stree	r address)	d. STREET AL	ODRESS			e. IS RESIDENCE ON A FARM?
		22 West Str	eet	1/270	west St.			YES NO [Z]
	NAME OF DECEASED	Pirst.	Myddle	last	4 DATE	/ Man	ith D	ay Year
	(Type or print)	Maure	X,	Lacores	DEATH	to.	か	196/
5	SEX 6. CC	DLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	,	A ASE (In years		R IF UNDER 24 HRS
	M.	WIDOV		aug 7	1 1893	by birthday)	Manths Days	Haurs Min.
100	LUSUAL ORCUPATION (Girduring post of working life	re kind of work dane 10b	KIND OF BUSINESS OR INDU	STRY 11 STRTHPL	QE (State ar loreign co	untry	12 CITIZEN C	F WHAT COUNTRY?
1	Haleman	s, even ir renired)	as Supplies	Ja,	etal Me	relend	11.11	4
13.	FATHER'S NAME	01	111	14. MOTHER'S	MAIDEN NAME	11.		
	World and	J. Harons	and "	270	m Vie	cher	7	487
15	WAS DECEASED EVER IN J	S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 I	NFORMANT	- DI (. F	Add	ress dans 1	Viene at
{Yu	is fig. 67 serknown) (If yes, g	ive war or dates of service)	000 00 0.480	Winterio.	11 hours	-11/	07	THE I
-	144		1007-1139 11	nis III acs.	14 outer has	74	appear	X / ILA
	18. CAUSE OF DEATH (E		ine far (a), (b), and (c)	1.		-		TERVAL BETWEEN
	PART I, DEATH WA	DIATE CAUSE (a)	Milastatic	Carcui	auca y le	vei		le uce
	152.9	DUE TO	6	,	6			
	Canditions, if ony, wi	nich) (b)	Carcenaun	1 tolor			4	there
	gave rise to immedi	iale (/					
	cause (a), stating the un lying cause last.	der-	U					
z		7 (c)	CONTRIBUTING TO DEATH BU	T NOT PELATED TO	THE TERMINAL D. SEASI	CONDITION GIV	FN IN PART I(g)	19 WAS ALITOPSY
CATION	The state of the s	ATTICALLY CONDITIONS	CONTRIBUTION TO SUMME SO	NOT RECATED TO	THE TEXAMINATE OF SEASO	CONDINION	TEA IVAT AIKT T(G)	PERFORMED?
3	ACCIDENT AND							YES NO NO
CERTI	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH	SCRIBE HOW INJURY OCCURRI	ED (Enter nature of	injury in Part I ar Part	It at item (B)		
13	20c. TIME OF INJURY Ma	nth, Day, Year 20d.	INHURY OCCURRED 20e. P	LACE OF INJURY (H	lame, farm, 20f. (City	ar tawn)	{County	(State)
MEDICAL	Haur a.m.	While	Not while fo	ictory, street, affice	bldg , etc.)		(~~~)	, (3.2.0)
Z	p, m,	17 at wo	irk at wark			- /		
	21 I certify that (I)	(this haspital) atten	ded the deceased fram	Jan.	, 1950 .to_	25 pu	194/1	hat (I) (we) last
	saw the deceased a	live an RAM	194/. , and that	death accurred	atM, fram	the causes an	d an the date	e stated abave.
	22a. SIGNATURE	1 1						226 DATE
	Ville	, the Carrier	u_	M D PHYS	MED.	STAFF PHYS	2	7/24 6 SIGNED
	22c PHYSICIAN'S NAME (Type)	,	1 . 2	22d. ADDRE	55/1/	4		1
	MAME (Type) / H	URSTON	TARRISON		detru May	Land_	-	
230	BUR AL REMATION, 23	DATE THEREOF	23c NAME OF CEMETERY S	CREMATORY	234 .046	ON (City Cown,	or county)	2 (Stoje)
	REMOVAL (Specify)	an 28101.	Min a Kly	cel	(8)	men	/	RI
24	FUNERAL DIRECTORS OF	TATURE /	O CRESS		25- DECID BY DECISE	DAD OCH DECI	STRAR'S SIGNATU	105
24	De El	. 16	BANKESS	111	25a. REC'D BY REGIST			
	rellexia	7	V MOUN	114	DATE JAN 30'	61 C	i thun S. K.	all A

TO HOSPITA BY ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how after death. Page 4 may be refused by the hosp toll or otherhaling physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 2/ the funeral director, page 3 should be detached for use as the buriof-transit permit. Then please remove carbon pages 1 and 2 should be filled with the State Board of Health prior to buriof, cremotion, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

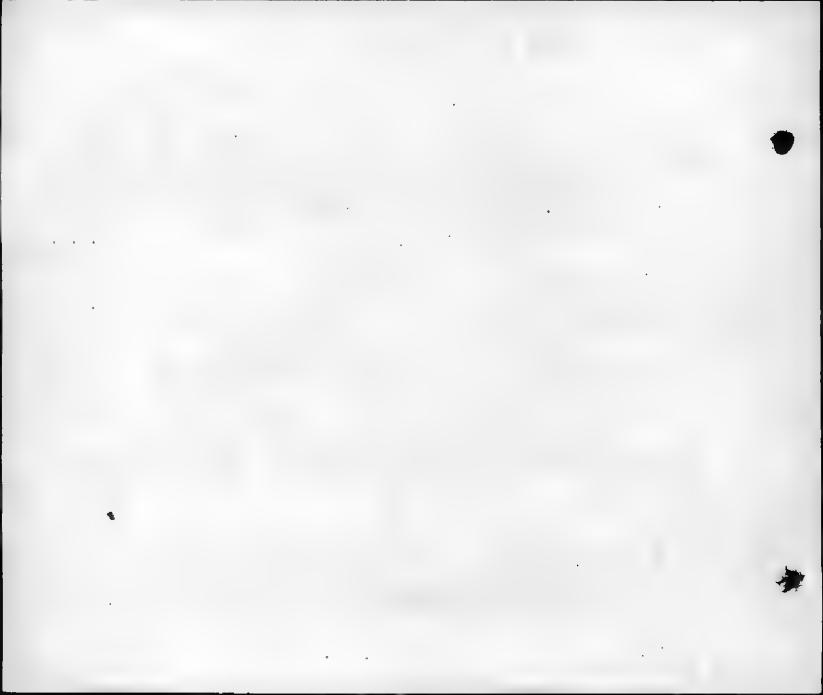


1061 January IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12 CITIZEN OF WHAT COUNTRY? U.S.A. Phillips Ridgely. Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO I (County) (Stote) . 19 🚅 L and that death accurred at _____M, fram the causes and an the date stated above. 22h DATE SIGNED 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230, BURIAL CREMATION. 23d LOCATION (City, town, or county) REMOVAL (Specify) Ridgel v Ridgely. Burial 25o, REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24-FUNERAL DIRECTOR'S SIGNATURE Greensboro, Md. VR A15 (4) DATE JAN 9 Citter & House

(1161

ON A FARM?

YES NO 17



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1176 **CERTIFICATE OF DEATH** Reg. Dist. No il director. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Talbot Tartrland Talbot b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 . c. CITY OR TOWN (If outside corporale limits, write RURAL and give negrest town) RURAL and give negrest town milehman North d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOTO NAME OF First Middle 4. DATE Month Day Yeor filled DECEASED Edwin Hoffman (Type or print) *N*atkins DEATH January 10 196] 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lest-pirihday) IF UNDER 1 YEAR IF UNDER 24 HRS Malle 脚hite Days Hours July 26,1891 WIDOWED | DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) ion and carbon p Engineer-Ret. Warvland Battery ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Joseph Marion Watkins Harriett Strong 72 hours 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Eleanor K. Watkins, North .882 ues altending 18. CAUSE OF DEATH [Enter only gas couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATHS PART 1. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate DUE TO couse (a), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, lenter nature of injury in Port I or Port II of item 18.1 20c. TIME OF INJURY Month 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m While Not while at work of work 21. I certify that I attended the deceased from L., that I last sow the deceosed and that death occurred at M, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole) REMOVAL (Specify) National Cemeterv Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Michaels. Md DATE JAN 1 2 '61 Circhar S. Thousa VS A15 (4) Frampton Carroll



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1177

CERTIFICATE OF DEATH

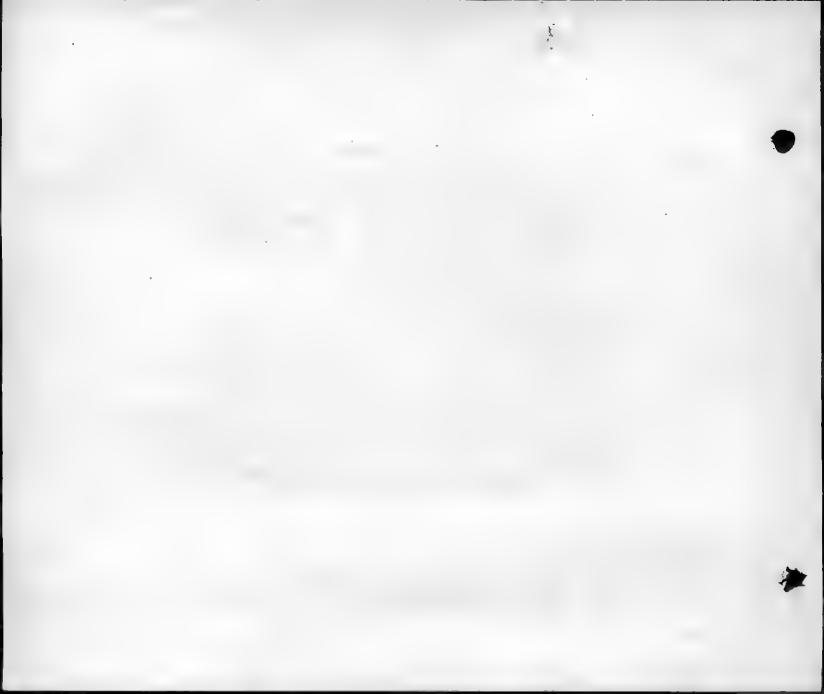
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	CERTIFIC CERTIFIC	ALL OF DEATH
	1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
11,	O. COUNTY TRIBAT MARYLAN	D STATE Y C THE STATE OF THE ST
_/	b. CITY OR TOWN (If autside carporate limits, write c, LENGTH OF STAY IN	b c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
	RURAL and give negrest toyn) E H 5 TO N 10 hrs 10 mg	n Laston
1 1	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
, j	OR INSTITUTION Memorial Haspital	Mattiew to a D Road & ON A FARM
	3. NAME OF PIECE ASED Middle	Last 4. DATE Manth Day Year
	(Type or print) St. Clair	WA #5 DEATH / // 196
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
	WIDOWED DIVORCED	
	10a USUAL OCCUPATION (Give kind at work dane during mast at working ife, even if retired)	
	- A . S . A . A	
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	3113	
		7, INFORMANT Address
	[Yes, no, or unknown) (If yes, give wor or dates of service)	Mrs 1 March 1991
	18. CAUSE OF DEATH [Enter only one cause per line (dr. (a), (b), and (c)]	INTERVAL BETWEE
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEAT
	IMMEDIATE CAUSE (o)	The state of the s
		Karol
	Canditians, if any, which by gave rise to immediate	
	cause (a), stating the under-	
	lying cause last. (c)	BUT NOT BELATED TO THE TENNINA DISCOURT ON CHEEN IN ARREST AND
	O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(d) 19 WAS AUTOI PERFORMED YES NO
0	200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of item 18.)
Es .	IF EITHER, NOTIFY MEDICAL EXAMINER)	
		b. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (St factory, street, affice bldg., etc.)
	Haur a.m. While Not while of wark of wark	nation, steel, diffice brogs, steel
	21 I certify that (I) (this hospital) attended the deceased fro	am1919
		at death accurred & 50.8M, from the causes and an the date stated abo
	220 5/GKATURE /	di dealli dicorred grazzani, main the causes and an the date shored abo
	elly the	M D ATTENDING MED STAFF PHYS A 1/2
	22c PHYSICIAN'S	22d ADDRESS A 2
	NAME (Type) E-C-17: SC/5/77/1/	4 Carley Office hours
	230. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d LOCATION (City, tawn, or contry) (State)
	REMOVAL (Specify)	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25g. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	Marina Ellowania Tail Frais	V. M

ATTINEINE FIFTSICIAN: The law requires that the death certificate bit exertited by the haspital at attending physician.

FIRS About this partitions has been elected by the attending physician and according to the complete that the partitions has been elected by the attending physician and according to the complete that the complete th

VR A15 (4) 1SM 9/59



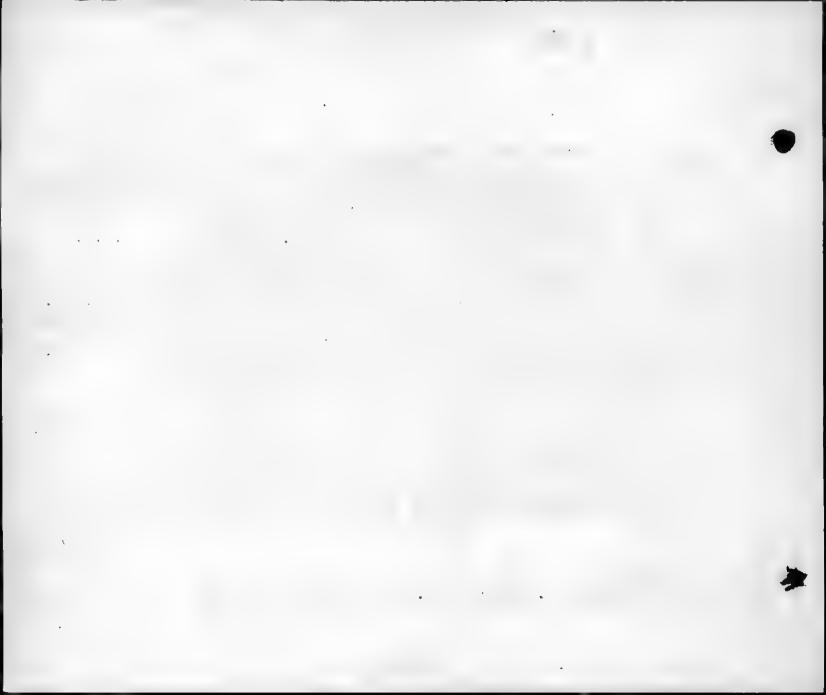
DIVISION	OF STATISTICAL RESEARCH AND RECOR	DS - BALTIMORE
178	CERTIFICATE OF	DEATH
	71	

(1164

)	1. PLACE OF DEATH O. COUNTY A DO MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Greensboro
>	d. NAME OF HOSPITAL (If pay in hospital, give street address) OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS None On A FARM? YES \(\sigma \) NO (20)
	3. NAME OF DECEASED (Type or print) JOHN JOSEPH	Last 4. DATE Month Day Year OF DEATH JAN 8 1961
1	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 FIRS. 1-10-1891 4 Months Doys Hours Min yrs Yrs
)	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if relired) Retired Merchant None	Penna. U.S.A.
	13. FATHER'S NAME Lewis Wickler	14. MOTHER'S MAIDEN NAME Marie ?
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If Yes, a ve war or dates of services 209-12-7792	Katherine Wickler Greensboro, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) \$\frac{1}{20c}\$. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e, PL	D. (Enter noture of injury in Part I ar Part II of item ¹ B) ACE OF INJURY (Home, farm. 20f. (City or tawn) (County) (State) (County) (State)
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an	M.D PHYS. DIRECTOR PHYS D
	22c Physician's NAME (Type) Robert w. Trever M.D.	Easton, Maryland
	23G BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify) 1-11-61 Greensbor	o Greensboro, Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS J'E-Boulain Greenslow Y	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE OATH JAN 12'61 OATH S. Kraus

TO HOSPITAL STENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be ref. 3 by the hospital at attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, at remayal, and in any event, within 72 hours affect each. VR A15 (4) 15M 9/59



may be referenced by the haspitol ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, or remavol, and in any event, within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITA

VR A15 (4) 15M 9/59

er death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased a. SIALE	lived, If institution: Residence b. COUNTY	befare admission)
Up 100	,	MARVIAND	TAL	507
 CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) 	211	c. CITY OR TOWN (If autside carpon	rate limits, write RURAL and giv	re nearest tawn)
GASTON	2 HOUVS-	1 wye mill	\$	
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	at oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
[lemorial	1403Pital			YES NO Z
NAME OF DECEASED (Type or print)	Middle	Hilkins 4. DATE OF DEATH	January &	Doy Year 1861
SEX 6. COLOR OF RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF SIRTH	AGE (In years IFUNDER I	YEAR IF UNDER 24 HR
AALE NEGRO WIDO	WED DIVORCED	9-25-934	67 yrs. Montas	Pays Hours Min.
d. USUAL OCCUPATION (Give/kind of work done 10 during most of working life, even if retired)	L KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign co	ountry) 12. CITIZE	EN OF WHAT COUNTRY
LABORES	tarm helpe		id u	U.S.A.
. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME		
Unkown		dinkou	-n	
(s. WAS DECEASEDEVER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. II	NFORMANT 201 - 0 1	Address	
(i.) as give not a solide of service)	720-32-9379 1	Mis. Mildred	Real, 60	story has
18. CAUSE OF DEATH Enter only one couse per	line for (a), (b), and (c).]		7	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	MILL CENT	PALITED APT	FRINSCI FRASI	CHSET AND DEATH
IMMEDIATE CAUSE (o)	NUIVIC CA-141-	MINICH TINIT	-110002-104.	3 4rs
450,0 DUE TO				•
Canditions, if any, which				
gove rise to immediate DUE TO	2011/1/17/2017	7911		. 6
lying couse last.	MALNUTRIT	10N		415.
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH II CHIEFER, NOTIFY MEDICAL EXAMINER	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	PERFORMED?
			14 44 101	YES NO
	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Port	ill of (lem 18.)	
2		ACE OF INJURY (Home, form, 20f. (City	or tawn) (Ca	unty) (Stote
Haur a.m. Whi	le Nat while	ctory, street, affice bldg., etc.)		
		1-77- 11	1 21	
21. I certify that (I) (this hospital) atte	00-11	196/ , ta	Q1. 48_, 1961	, that (I) (we) la
adw the deceased diffe dif	8 - 196/ , and that a	death accurred of M. frank	the causes and an the	
220. SIGNATURE Amald 4. 15	artlen	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	1-25 DATE
22c. PHYSICIAN'S	1	22d. ADDRESS		1000
NAME (Type) Donald F. Bart	lev M.D		ASTON.	MJ) 1/3
3g. BURIAL, CREMATION, 23b. DATE THEREOF	23c MAME OF CEMETERY C	R CREMATORY 23d. LOCAT	ION (City, tawn, ar county)	(Stota)
ABurual # 31-6	1 Kichord	Per Ba	ton	mel.
UNERAL DIRECTOR'S STONATURE	ADDRESS	25a. REC'D BY REGIST	RAR 256. REGISTRAR'S SIGN	NATURE
James & Planter (1)	· Cate no	DATE FEB 1 '	61 arthur S.	Thans.
Land De Court	160211	DAIL .		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY TAILOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY ARA ARA ARA ARA ARA ARA ARA ARA ARA AR
b. CITY OR TOWN (If outside corporate limits, write BLIRAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
speriosed Lite	X5 nerwood
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) Annie S WI	/// OF DEATH / 6 1968
S. SEX TEM ALE POLO WIDOWED DIVORCED DI	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Wonths Days Hours Min. yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIAN DOLLAR OF BUSINESS OF OF BUSINES	
Housework Lomes +10	MARY/And WSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BEORGE GREE	Rachel Lockman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dides of service)	ittleton Grove, Sherwood, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (9)	The state of the s
I Mustage	de worker house 2 /2
Conditions, if any, which gave rise to immediate (b)	
couse (a), slating the under- lying cause last.	in Peraglic 500
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to PL While Not while at work 19 at work 19	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased from	026
	death accurred of 2.71M, from the couses and on the dote stated above.
220. SIGNATURE	ATTENDING MED. STAFF SIGNED
220 PHYSICIAN'S GUYM REESER ST	22d. ADDRESS TILEHTMAN Md
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF THE SHOW OF	CEM, Sharwed Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS Carton, n	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE JAN 1 6 '61 Curing S. Known

